National Institute for Health and Care Excellence

Chief Executive's report

This report provides an update to the Board on the progress of our major programmes and business plan objectives to the end of December 2020 and on other matters of interest.

The Board is asked to review the report.

Professor Gill Leng

Chief Executive

January 2021

Introduction

This report provides an overview of the performance of the Institute against our business plan objectives for the 9 months to the end of December 2020. The report notes the guidance published since the last public Board meeting in November and refers to issues not covered elsewhere on the Board agenda.

Over the last 2 months we have continued to provide wider system support on issues relevant to COVID-19. We published an important new guideline in November on ‘Long COVID’, covering ongoing symptoms after the initial acute infection. This was developed in conjunction with SIGN (Scottish Intercollegiate Guidelines Network), and with the Royal College of General Practitioners. We will continue to keep it up to date as new evidence emerges. We have also been commissioned to develop evidence summaries (Medtech Innovation Briefings) on a range of use cases for COVID-19 diagnostic tests.

In December we reported a forecast underspend of £1.3m. This was based on the financial position and uncertainties as at the end of September. Following a forecast review we now expect the outturn to be an underspend of £3.4m in 2020/21. This is due to a range of factors outlined in detail in the Resources progress report, but most notably because of an improvement in TA and HST income.

Performance

2020/21 has continued to be an unprecedented year for NICE, as it has for the whole system and for patients. In the context of shifting priorities and ongoing pressures associated with COVID-19, our staff have rapidly adopted new ways of working and delivered an enormous amount of activity. However, while most of our business plan is on track, there are areas where we have not progressed as quickly as anticipated. As we move into the final quarter of this year, we will rigorously reprioritise to ensure we can continue to deliver critical business activities and provide capacity for our strategic development.

Detail of our performance is contained in five appendices to this report:

* 1. Appendix 1 presents the volume of actual to planned outputs of our major programmes between April 2020 and December 2020.
  2. Appendix 2 provides the latest position of the objectives in our 2020/21 business plan.
  3. Appendix 3 explains the variance of major programme outputs.
  4. Appendix 4 lists the guidance, quality standards and other advice published since the last Board meeting in November 2020.
  5. Appendix 5 contains the balanced scorecard showing performance against the measures in the business plan at the end of December 2020 (Q3).

Further detail on specific areas of work is provided in the directors’ reports.

Other notable issues and developments

Development of the 5-year strategic plan

Work on our new strategic plan has continued at pace. Since the last Board meeting we have refined the strategic priorities under four headlines: rapid, robust and responsive technology evaluation; dynamic, living guideline recommendations; leadership in data, research and science; and effective guidance uptake to improve health and reduce inequalities.

We have tested the draft strategy with the Department of Health and Social Care, NHS England, Skills for Care and Public Health England. All stakeholders were positive about the direction of travel and their feedback has been incorporated into the latest draft. Similar meetings with the chief executives of other key partner organisations are also scheduled.

Two pre-launch events have been organised for 11th and 12th February 2021 with clusters of key stakeholders. One will be themed around life sciences and the other health and guidelines.

We have continued engagement with staff on the developing strategy. This included an event with the new senior leaders forum, comprising direct reports of the Executive Team. We are developing an internal communications strategy for further socialising the new strategy with staff over the coming weeks and months, and will continue to engage staff on what this means for business planning and day to day working.

1. The full strategy document is due to be presented to the Board for approval at its March 2021 meeting.

Response to coroners’ reports

1. Since the last Board meeting, NICE has not responded to any Coroner’s reports.

**Appendix 1: Actual versus planned programme outputs from April 2020 to December 2020**

Notes:

* HST refers to the highly specialised technologies programme (drugs for very rare conditions)
* MIBs (medtech innovation briefings) are reviews of new medical devices
* Guidance surveillance reviews provide the basis for decisions about whether to update current NICE guidance
* The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance
* ‘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

Appendix 2: Business objectives for 2020/21 - progress update

| Transform the presentation, accessibility and utility of NICE guidance and advice, ensuring it is fully aligned to the needs of our users to support adoption | Delivery date | Progress update |
| --- | --- | --- |
| Delivery of internal efficiency improvements as part of NICE Connect | Ongoing | * A project team has been established to lead on the identification of efficiency improvements. * During the COVID-19 pandemic, many NICE staff have needed to work in more agile, collaborative ways. The efficiencies project team has interviewed a range of staff working in this new manner to capture any lessons learned that would help us expand the new ways of working across the organisation. * Work is ongoing on the objectives to identify efficiencies in our approaches to consultation and surveillance activities |
| Undertake a discovery for a commissioner/life sciences portal incorporating process and technical considerations and user research as part of NICE Connect | Q4 20/21 | * A brief for the discovery has been developed. Subject to approval, the work itself will begin in Q4. |
| Undertake a Citeable Publications feasibility study and roll out in conjunction with NIHR as part of NICE Connect | Q3 20/21 | * NICE and Wessex Institute at University of Southampton have started developing the specification that will underpin the feasibility assessment and options appraisal. |
| Introduce one external registration point for stakeholder information on the website following an internal process review | Ongoing | * NICE’s stakeholder registration processes have been successfully migrated into one page on the NICE website. The data gathered on traffic to this new page will inform a broader effort to develop a single process for stakeholder registration. |
| Deliver a range of tools and support for the uptake of NICE products, including resource impact support, budget impact tests, endorsement statements, and shared learning examples | Ongoing | * We have successfully delivered a range of initiatives to support uptake, including: * Streamlining our endorsement process to support COVID-19 rapid guidance. * Celebrating excellent examples of NICE guidance being used by the system at the shared learning awards in November 2020. * Publishing resource impact tools for published technology appraisals. |
| Manage and maintain NICE’s live digital services utilising user insight and strategic service goals to prioritise use of the available resources | Ongoing | * Live service maintenance and user insight continue as part of business-as-usual activity. |
| Commission biennial NICE reputation research to assess key stakeholders’ views of NICE, deliver a research project to understand audience requirements for implementation support, and develop and deliver an audience insights strategy to support NICE Connect | Q2 and Q4 | * Due to COVID-19, the next biennial NICE reputation research project has been rescheduled to Q2 2021. * A study to understand our audiences’ implementation requirements was completed. The results of the study were presented to the Board in September 2020 and fed into the Board's implementation deep dive in December 2020. * An outline user insight strategy has been produced. This will be useful as we take forward our new five year strategy. |
| Deliver multi-channel marketing activities for major initiatives through the newly established brand and marketing team | Ongoing | * We piloted a paid digital marketing campaign to drive registrations to 2 of our virtual events that took place in November. The campaign consisted of LinkedIn, Google Search and display banner advertising, and website retargeting. * A new NICE-branded PowerPoint template was launched, to improve the presentation of NICE’s work at external events and meetings. * Our corporate newsletters and mailings continue to perform well. Both NICE News and Update for Primary Care met performance benchmarks in November, with an average open rate of 25%. * The Chief Executive’s update mailing continues to perform well, receiving an open rate of 27.7% in November (subject: our methods review) and 27.5% in December (subject: measuring the impact of NICE guidance). |
| Develop and implement a new social media strategy to ensure use of the most effective channels to reach and engage with our key audiences | Q2 and ongoing | * Work to date on a social media strategy will be folded into development of a holistic communications and marketing strategy to support the implementation of the new NICE strategic plan. |
| Review the function and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search, Medicines Awareness Service) | Ongoing | * All the NICE Evidence Services microsites have been audited for accessibility; new accessible versions of the CKS and Evidence search sites have been released which address the findings from the accessibility audits and all sites now have relevant accessibility statements in line with the EU directive. |

| Transform the development of NICE guidance and advice in line with the learning from the COVID-19 response so the process is efficient, integrated, and takes advantage of new technologies including artificial intelligence | Delivery date | Progress update |
| --- | --- | --- |
| Deliver guidance, standards, indicators and evidence products and services, in accordance with the planned volumes and requirements of the COVID-19 pandemic | Ongoing | * Details of the main programmes’ performance against plan, including explanations for any variances are set out elsewhere in this report. |
| Review the current and planned guidelines portfolio, in conjunction with NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care, with a view to consolidating on key areas and topics, in the context of NICE Connect and the COVID-19 pandemic | Q4 | * Meeting scheduled for November 2020 with DHSC and NHSE&I was pushed back to January 2021. This meeting will be a transition to clarify ways of working and agree high, medium and low priorities. |
| Complete a review of the quality standards programme to establish its future direction based on stakeholder need and their positioning and presentation, in the context of NICE Connect | Q4 | * A review undertaken to ensure existing quality standards remain suitable and accurate during the COVID-19 pandemic. * A review of methods and processes for developing and updating quality standards is in progress. * To inform prioritisation of resources within NICE for the next financial year, we are exploring ongoing requirements for the quality standards programme |
| Complete a review of technology evaluation processes and methods, consult on changes and publish updated manuals and implement changes early, on an interim basis, where they allow for faster recovery from COVID-19 | Q3/4  Q2 2021/22 (for publishing updated manual) | * Review is in progress. * Public consultation for Topic selection processes (principles for change) for health technologies was completed in Q3. * Public consultation for the Methods review (principles for change) was also completed in Q3. * Public consultation on the Process review is anticipated to commence in Q4. |
| Implement the comment collection tool and roll out the EPPI-Reviewer tool to the guideline Collaborating Centres | Ongoing | * Development of the comment consultation tool continued but has now been paused in line with revised priorities. . * Both guideline collaborating centres have now approved the use of EPPI reviewer for their systematic review. |
| Establish a new science, evidence and analytics directorate to lead on the opportunities offered by new scientific developments, and wide ranging sources of data and advanced analytics, in guidance development | Q2 | * New directorate established and Science, Evidence and Analytics Director started on 1 September 2020. |
| Publish a detailed methodological framework for consideration and use of data analytics across NICE’s programmes, following internal engagement and public consultation, ensuring a compliant data management infrastructure to host and process this data | Q4 | * The team has published an interim approach to assessing the quality of data and analyses used to inform NICE’s COVID-19 response in Q1. * A programme outline for a comprehensive data and analytics methods and standards programme, and an implementation update, is presented separately on the January 2021 public Board agenda. * The data and analytics team is recruiting additional staff to take forward the comprehensive standards and methods programme to utilise broader sources of data and evidence. |
| Complete the pilot for the development of a digital health technology evaluation workstream, publish process and methods for routine consideration of selected digital health technologies, and further develop the Evidence for Effectiveness standards | Q3 | * The pilot of digital technologies was completed and the Board received a report on the pilot in November 2020. * An update to the Evidence for Effectiveness Standards is planned for publication in early 2021. * MTG guidance for Zio XT for detecting cardiac arrhythmias, one of the digital pilot topics, was published in December 2020. * As a formal review of CHTE methods and processes is running in parallel, we plan to synchronise efforts and include processes and methods for evaluation of digital health technologies within one CHTE manual, instead of publishing separate DHT specific processes and methods. |
| Develop and embed new data and information management capability including establishing an integrated digital, information and technology directorate | Q2 | * The Digital, Information and Technology (DIT) directorate was formally launched on 1 September. * Work to recruit new specialist roles to support NICE Connect and NICE strategic priorities continues (11 of 24 posts appointed). |
| Identify priority areas for digital investment and deliver these in partnership with the business through the NICE Connect taskforces and the wider Connect programme | Ongoing | * DIT has identified a range of digital investment priorities for NICE Connect, the wider NICE Strategy and to support our live service provision. * A new Technology Governance Board to support a strategic digital and technology roadmap and prioritisation with the wider business will be established in Q1 2021/22. |

| Play an active, influential role in the national stewardship of the health and care system | Delivery date | Progress update |
| --- | --- | --- |
| Support the wider health and care system by producing and maintaining guidelines and other products relevant to the management of COVID-19, and to actively participate in the multi-agency initiative with the MHRA, NHSE&I and NIHR to support the transition from research to access for promising treatments | Ongoing | * The migration and hosting of NHSE&I COVID specialty guides was completed in October 2020. * Three new guidelines were published in November and December 2020 on managing the long term effects of COVID-19; reducing the risk of venous thromboembolism in over 16s with COVID-19; and vitamin D. * The Research to Access Pathway for Investigational Drugs for COVID-19 (RAPID-C19) has been recognised as a critical part of the DHSC Therapeutics Taskforce's ongoing response to COVID-19 and is now participating in the newly established Therapeutics Taskforce programme board. The RAPID-C19 oversight group continues to meet weekly. To date, access to 5 drugs has been facilitated, 46 technologies are in active monitoring and further technologies are being investigated. * We are developing medical innovation briefings in which we assess viral detection tests for COVID-19 against the MHRA’s target product profiles. We expect the first of these to be published in January 2021 and contracts are being drawn up to cover future products. |
| Work with NHSE&I and other health and care system partners to support the implementation of the NHS long term plan as part of a strategic engagement plan | Ongoing | * We have engaged with a wide range of system partners to support shifting priorities. This included engagement with the CQC on a comprehensive plan of joint work as well as with the 4 themes of their strategy and some very positive engagement with the medical colleges. * Work was undertaken to review who we believe our key strategic partners are and ensure future plans remain relevant to the current context. * The NHSE&I oversight meeting will take place in Q4 with items including an update on the NICE strategy, long term plan, new NHS structures, public health role and non-COVID priorities. * Six-weekly meetings have been established with the new DHSC Adult social care team to align priorities and support system. Regular engagement with Social Care Institute for Excellence (SCIE) at Chief Executive level as well as other levels and quick guides commissioned from SCIE to support implementation of the safeguarding guideline. |
| Further develop the relationship with NHSE&I Specialised Commissioning in the areas of commercial and managed access, genomics and guidance and advice development | Ongoing | * Work with colleagues in NHSE&I continues on: * the implementation of the commercial medicines framework and NICE interim statement on commercial and managed access * Manged Access Policy Principles * The Innovative Medicines Fund * The Budget Impact Test * The role of the commercial liaison team in the review of Commercial Access Arrangement (CAA) Proposals * We are working to develop a strategy for NICE’s role in the consideration of ‘genomics’ with colleagues in NHSE&I and Genomics England. |
| Design and put in place changes to our current technology appraisal processes in order to continue to ensure consistency with UK regulatory arrangements, incorporating learning from the joint response to COVID-19 | End of Q3 | * NICE is a formal partner in the MHRA Innovative Licensing and Access Pathway and contributed to a series of pilots for individual products in Q3. * Sharing of operational information regarding regulatory processes and timings for individual products are currently evolving. |
| Work with system partners on relevant areas of policy interest including NHSE&I and Public Health England on antimicrobial stewardship, the review of adult screening programmes in England, quality of life measurements, emerging technology areas such as genomics, and relevant aspects of the Independent Medicines and Medical Devices Safety (IMMDS) Review | Ongoing | * Cross-directorate Patient Safety Oversight Group established. The group provides oversight of NICE’s response to the Independent Medicines and Medical Devices Safety (IMMDS) Review, facilitating and co-ordinating across directorates the actions agreed by the Board in September 2020. The group is also conducting a review of patient safety activity at NICE, which will generate recommendations for a sustainable model for managing patient safety issues in a structured and systematic way across the organisation, as well as the potential resources required to support such changes. * An exceptional review of the NICE guideline on urinary incontinence and pelvic organ prolapse in women (NG123) was completed in December and concluded that no update to the guideline was required. * Two antimicrobial products have been selected through a procurement process for the NICE and NHSE&I project to develop and test models for the evaluation and purchase of antimicrobials. The special committee required for the project has been recruited and the NICE-led health technology evaluation phase is progressing. |
| Renew the national framework for content procurement for the NHS (Q3) and put in place a new contract for access to the Cochrane Library in England (Q1) | Q3 and Q1 | * Successfully negotiated a new three-year deal for national access to the Cochrane Library for England commencing from May 2020. * Supporting Health Education England (HEE) in their tender process evaluating responses for a national resource discovery service which aims to meet the evidence search needs for the majority of health professionals in England. * Continued to develop the specification and tender documentation in preparation to renew the national framework for content procurement, working with stakeholders from Health Education England and NHS Library Leads from Wales, Scotland and Northern Ireland. |

| Support the UK’s ambition to enhance its position as a global life sciences destination | Delivery date | Progress update |
| --- | --- | --- |
| Develop technology appraisal guidance in line with the commitments in the 2019 Voluntary Scheme | Q4 | * Majority of Technology Appraisals topics that were paused due to COVID-19 have been restarted or rescheduled. A small percentage remain paused or delayed at the company’s request. 55% are expected to publish in 2020/21. * All new active substances and significant licence extensions of existing medicines are being routed to the technology appraisal or highly specialised technologies programmes (unless there is clear rationale not to do so). |
| Deliver the actions set out for NICE in the Government’s life sciences sector deals, including enhancing NICE’s role as an active partner in the Accelerated Access Collaborative (AAC) | Ongoing | * We continue to deliver RAPID-C19 as part of our secretariat commitment for the AAC. * NICE teams are continuing to contribute to ongoing work in key AAC focus areas including integrated system horizon scanning, ATMP and Histology Independent system access activities (system mapping, RWE and data infrastructure), Strategic Metrics development, AAC Innovation Service, AI Award and RUPs uptake. |
| Maintain and develop a fully integrated offer to the life sciences industry, including topic selection, guidance development, commercial and managed access activities, and NICE Scientific Advice | Ongoing | * Work is ongoing to evolve the NICE Office for Market Access offering in the light of ongoing developments in the medicines access landscape including the NHSE&I Commercial Framework, the MHRA Innovative Licensing and Access Pathway. * An interim statement on NICE Commercial and Managed Access activities is in development; this will complement the NHSE&I Commercial Framework when published. * Work is underway to develop a governance framework to allow data sharing between the managed access team, the Office for Market Access and NICE Scientific Advice for products that are selected for the Innovative Licensing and Access Pathway. * Teams across NICE have been engaged in the development of the AAC Innovation Service, which will be built out of HealthTech Connect and will signpost innovators to relevant NICE services. * NICE is supporting the AAC AI in Health and Care Award through an integrated offer involving scientific advice, data and analytics, topic selection and guidance production teams. * NICE is leading the development of a multi-agency advice service for AI health technologies (funded by NHSX), along with partners MHRA, HRA and CQC. |
| Work with NHSE&I and DHSC on plans for the creation of an innovative medicines fund that extends opportunities for managed access beyond cancer, secure additional funding to support NICE’s contribution, recruit staff and implement changes to business as usual processes | Q4 | * Work is progressing well with NHSE&I on the development of Managed Access policy principles, which will underpin the Innovative Medicines Fund. * A business case is under development with NHSE&I to confirm funding available for NICE’s Managed Access function covering 2021/22 to 2023/24. |
| Enhance collaboration with system partners, including NHSx and the MHRA on activities supporting future regulatory and health technology assessment offers for medicines, medical technologies, diagnostics and digital/AI health technologies, including the use of real-world evidence pre- and post-licence and the provision of early scientific advice, incorporating learning from the joint response to COVID-19 | Ongoing | * RAPID-C19 process implemented in collaboration with MHRA, NICE and NHSE&I to fast-track access to COVID-19 medicines. * Strong progress has been made through the MHRA and NICE Core Strategic Group on the Innovative Licensing and Access Pathway that was launched on 1 January 2021. * In July 2020 we started a £3m 3-year project in collaboration with the MHRA, CQC and HRA to design a multi-agency advice service to support developers and users of AI-driven digital health technologies. * Multi-agency advisory service for AI technologies established with support from NHSX. * Joint working programme on regulatory and access approaches for digital health technologies established with NHSX and MHRA. |
| Maintain and further develop NICE’s global leadership role in use of health technology assessment and guideline development processes and methods to inform decision making in health and social care systems across the world | Ongoing | * We are represented on the executive team for COVID-19 living evidence and recommendations funded by the Canadian Institutes of Health Research and led by McMaster University. The living map includes the recommendations from NICE’s COVID-19 guidelines. We also continue to engage in collaborative opportunities coordinated by the World Health Organisation (the Evidence Collaborative for COVID-19 [ECC-19]), the Cochrane Collaboration and the International Network of Agencies for Health Technology Assessment (INAHTA), the COVID-19 Evidence Network to support Decision-Making (COVID-END) hosted by McMaster University, the European Network for Heath Technology Assessment (EUnetHTA), and a new collaboration initiated by NICE between the Canadian Agency for Drugs and Technologies in Health (CADTH), the Australian government and the Scottish Medicines Consortium (SMC). * A strategic international engagement plan is being developed for the Institute, coordinated by NICE International. * In September the internship student from Harvard University concluded a comparative review assessing the quality and recommendations of critical care and pneumonia COVID-19 guidelines published internationally. A paper describing the findings of the work has been submitted to a journal for publication. * NICE International presented its first annual review to the Board, which outlined many case studies of its work in the past year. This will soon be published on the NICE International webpage. * Preparations for the HTAi 2021 conference in Manchester continue, with staff involved in both the Local Organising Committee (LOC) and the International Scientific Programme Committee (ISPC). |

| Generate and manage effectively the resources needed to maintain and transform our offer to the health and care system | Delivery date | Progress update |
| --- | --- | --- |
| Review our business processes and roll-out new tools to improve our operational productivity to enable us to do more with our resources as part of the NICE Connect transformation | Ongoing | * Formal Lean Six Sigma training, a quality improvement methodology to improve efficiency, was delivered in November. This was a week-long 'Green Belt' course for 16 staff working on operational productivity projects, and an overview session for senior leaders. We will offer the course to additional staff during Q4 2020/21. * The business case for Microsoft 365 is being refined following presentation to the Board in September and a date for its revised submission to Board will be confirmed during Q4 2020/21. |
| Deliver against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets | End of March 2021 | * After 9 months the budget was under spent by £3.4m (9 %). * The underspend is due to vacancies and savings on travel budgets across the year. Costs have also been avoided due to the Stratford move completion date slipping and planned digital investments being deferred into 2021/22. * Income from technology appraisals and highly specialised technologies increased significantly (rising from £1.7m in Q2 to £2.4m in Q3 which is close to full cost recovery). Other non-GIA income targets have been achieved in the first 9 months, including a £0.5m surplus in NICE Scientific Advice. |
| Collaborate with the research and policy communities nationally and internationally in topic areas agreed strategically important to NICE, delivering existing grant funded research projects to plan and timetable, and securing a pipeline of new projects for 2021/22 | End of March 2021 | * Portfolio of existing H2020 and IMI projects aligned with NICE’s research interests progressing to plan with virtual engagement with collaborating partners going well. * A new externally funded project (IMI HARMONY PLUS – big data in oncology) has been initiated. * First milestone results from an exploratory research project on the use of real world evidence (RWE) in oncology with Flatiron Health delivered. Discussions underway with another technology provider (Aetion) regarding an exploratory project of using RWE to support effectiveness estimates of non-oncology products. * Pilot study with external partners on the use of routine clinical data for improving understanding of multimorbidity in diabetes initiated. The project aims to develop general learnings of using RWE in guideline development. * Continued engagement on two ISPOR task forces on transparency of RWE and machine learning. |
| Deliver scientific advice, including the offers in the context of COVID-19, and NICE International activities to target | End of March 2021 | * NICE Scientific Advice (including NICE International) is on track to recover all costs and make a full contribution to the NICE overheads. * The team has initiated 70 different projects since the start of the financial year. Twelve of these projects have involved giving free advice on COVID-19 products. |

| Maintain a motivated, well-led and adaptable workforce | Delivery date | Progress update |
| --- | --- | --- |
| Ensure that all staff have clear objectives supported by personal development plans | End of Q1 | * Our refreshed appraisals approach “Appraisal: My Contribution” has been successfully launched, with virtual training available for staff and managers, which has been well-attended. We are now seeking feedback on the new approach and preparing to deliver training for the new appraisal season. |
| Actively manage staff engagement and morale in the context of the COVID-19 pandemic and the NICE Connect transformation, with the objective of ensuring that staff feel supported and able to work remotely when required | Ongoing | * Our Health and Wellbeing Group continues to meet regularly. We are producing resources and support for staff and managers to help everyone to work as effectively as possible from home. * In September we ran our first virtual Healthy Work Week, and we are preparing to run our next one in January 2021. * Our fourth pulse survey was conducted in September, which shows that 81% of staff feel that working from home is going "very well" or "fairly well". However, staff also remarked on workload, wellbeing and resilience, which continue to be addressed through a range of channels including SMT, CRG and Health and Wellbeing Group in the coming weeks. |
| Review our people processes to enable different ways of working as part of the NICE Connect transformation | Ongoing | * We have been learning from COVID-19 experience and have released resources to help managers and staff to understand virtual team/matrix team working. * We have started a programme of work to standardise job descriptions, which will allow for a more flexible workforce in the future. * We have developed an interim organisational development action plan to support NICE Connect. * We are investigating opportunities to continue to work flexibly post-COVID, which may include joint base contracts. |
| Implement the actions set out in the workforce strategy for 2020/21 | End of Q4 | * We have now launched our values and behaviours, and our focus is now to embed them in a range of workstreams including induction, appraisal and recruitment. * We continue to deliver training (both in-house and outsourced) virtually. |
| Plan and deliver the move to the new London office, including transforming NICE’s IT arrangements to fit the multi-tenant site and adjusting working arrangements across the whole NICE workforce accordingly | End of Q4 | * The date for the opening of the Stratford office is still expected to be 18 January 2021, but usage will be strictly limited during the national Lockdown. * The development of the shared IT solutions has continued, and the high-level design for the shared infrastructure has been signed off. |
| Begin a programme of improvements to the Manchester office to ensure best use of the space available | End of Q4 | * The refurbishment works to back reception continue as planned, contractor is due to be appointed in January and work completed by end of March 2021. The office opened 3 days per week in December but has reverted to 1 day per week for essential/critical works during the current lockdown. |

Appendix 3: Guidance development - variation against plan April 2020 to December 2020

The variation against the business plan is explained below:

|  |  |
| --- | --- |
| COVID-19 rapid guidelines | No variation against plan 2020/21. |
| Clinical guidelines | No variation against plan 2020/21. |
| Interventional procedures | 2 topics delayed:   * Minimally invasive radical hysterectomy for early stage cervical cancer: Delay due to availability of committee slots. Anticipated guidance publication is January 2021 (Q4 2020/21). * Melphalan chemosaturation with percutaneous hepatic artery perfusion and hepatic vein isolation for primary or metastatic liver cancer: Delay due to second consultation taking place. Anticipated guidance publication is April 2021 (Q1 2021/22). |
| Medical technologies | No variation against plan 2020/21. |
| Public health | No variation against plan 2020/21. |
| Quality standards | 1 topic delayed:   * Suspected neurological conditions: Topic delayed to allow for further consultation on additional statements requested by the committee. Quality standard published on 8 January 2021 (Q4 2020/21). |
| Diagnostics | No variation against plan 2020/21. |
| Technology appraisals and highly specialised technologies | 2 topics delayed:   * Liraglutide for managing overweight and obesity: Topic paused due to COVID-19. Second committee meeting and publication subsequently delayed. Anticipated guidance publication date is to be confirmed. * Upadacitinib for treating severe rheumatoid arthritis: Topic paused due to COVID-19. Second committee meeting and publication subsequently delayed. Anticipated guidance publication date is to be confirmed. |
| Social Care | No variation against plan 2020/21. |
| Managing common infections | No variation against plan 2020/21. |

Appendix 4: Guidance and advice published since the Board meeting in November 2020

Since the report to the Board meeting in November 2020 the Institute has published the following guidance and advice products.

| Product | Topic | Recommendation |
| --- | --- | --- |
| COVID-19 rapid guidelines | Reducing the risk of venous thromboembolism in over 16s with COVID-19 | General guidance |
| COVID-19 rapid guidelines | Vitamin D | General guidance |
| COVID-19 rapid guidelines | Managing the long-term effects of COVID-19 | General guidance |
| Clinical guidelines | Acute coronary syndromes | General guidance |
| Public health | No publications | Not applicable |
| Managing common infections | Human and animal bites: antimicrobial prescribing | General guidance |
| Social care | No publications | Not applicable |
| Interventional procedures | Swallowable gastric balloon capsule for weight loss | Special and research (split recommendation) |
| Interventional procedures | Low-energy contact X-ray brachytherapy (the Papillon technique) for locally advanced rectal cancer | Research |
| Medical technologies | Zio XT for detecting cardiac arrhythmias | Case for adoption is partially supported |
| Diagnostics | No publications | Not applicable |
| Quality standards | Acute coronary syndromes in adults | Quality improvement |
| Indicators | No publications | Not applicable |
| Technology appraisals | Galcanezumab for preventing migraine | Optimised |
| Technology appraisals | Isatuximab with pomalidomide and dexamethasone for treating relapsed and refractory multiple myeloma | Optimised within CDF |
| Technology appraisals | Carfilzomib for previously treated multiple myeloma | Optimised |
| Technology appraisals | Siponimod for treating secondary progressive multiple sclerosis | Recommended |
| Technology appraisals | Durvalumab in combination for untreated extensive-stage small-cell lung cancer | Terminated guidance |
| Technology appraisals | Pembrolizumab for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma | Optimised |
| Technology appraisals | Darolutamide with androgen deprivation therapy for treating hormone-relapsed non-metastatic prostate cancer | Recommended |
| Technology appraisals | Upadacitinib for treating severe rheumatoid arthritis | Optimised |
| Technology appraisals | Liraglutide for managing overweight and obesity | Optimised |
| Technology appraisals | Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia | Optimised |
| Technology appraisals | Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura | Recommended |
| Technology appraisals | Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma | Optimised |
| Highly specialised technologies | No publications | Not applicable |
| Medtech innovation briefings | Dexcom G6 for real-time continuous glucose monitoring | Summary of best available evidence |
| Medtech innovation briefings | ClearGuard HD Antimicrobial Barrier Cap for preventing haemodialysis catheter-related bloodstream infections | Summary of best available evidence |
| Medtech innovation briefings | NPi-200 for pupillary light reflex in critical care patients | Summary of best available evidence |
| Medtech innovation briefings | Magseed for locating impalpable breast cancer lesions | Summary of best available evidence |
| Medtech innovation briefings | QuickChange Incontinence Wrap for urinary incontinence in men | Summary of best available evidence |
| Medtech innovation briefings | Evoke Spinal Cord Stimulator for managing chronic neuropathic or ischaemic pain | Summary of best available evidence |
| Medtech innovation briefings | Cytosponge for detecting abnormal cells in the oesophagus | Summary of best available evidence |
| Medtech innovation briefings | ReStore Soft Exo-Suit for gait rehabilitation | Summary of best available evidence |
| Guidance surveillance reviews | NG36 Cancer of the upper aerodigestive tract – Exceptional review | Summary of best available evidence |
| Guidance surveillance reviews | NG122 Lung cancer: diagnosis and management – Exceptional review | Summary of best available evidence |
| Guidance surveillance reviews | NG151 Colorectal cancer – Exceptional review | Summary of best available evidence |
| Guidance surveillance reviews | A review of the impact of PHE opiates report on related NICE guidance – Exceptional review | Summary of best available evidence |
| Guidance surveillance reviews | NG54 Mental health problems in people with learning disabilities: prevention, assessment and management | Summary of best available evidence |
| Medicines advice products | New MHRA drug safety advice: September to November 2020 | Summary of best available evidence |
| Evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | No publications | Not applicable |
| Antimicrobial evidence summaries | Antimicrobial prescribing: cefiderocol | Summary of best available evidence |
| Shared learning | Getting it right first time: developing a standard approach to care for people living with Motor Neurone Disease in Greater Manchester. | Shared Learning example |
| Shared learning | Feeding your baby sessions to deliver oral health messages | Shared Learning example |
| Shared learning | Stroke Prevention in Atrial Fibrillation (AF) Protect and Perfect – Optimising anticoagulation treatment | Shared Learning example |
| Shared learning | Symptomatic Breast Referral Resource Suite: Enhancing the Suspected Cancer Recognition and Referral Process | Shared Learning example |
| Shared learning | Implementing point-of-care D-dimer tests for deep vein thrombosis (DVT) | Shared Learning example |
| Shared learning | Using mindfulness to support mental wellbeing at work for children’s social care front line practitioners | Shared Learning example |
| Shared learning | COVID-19 ready rehabilitation for heart failure: REACH-HF can deliver | Shared Learning example |
| Shared learning | Supporting and developing community end of life care during the COVID-19 pandemic: an example of collaborative working | Shared Learning example |
| Shared learning | Introducing implantable cardiac monitors to support detection of atrial fibrillation after cryptogenic stroke at Salford Royal NHS Foundation Trust | Shared Learning example |
| Shared learning | Development of a Best Interest Decision Making Toolkit to support health and care professionals who work with those with cognitive impairment to achieve better outcomes | Shared Learning example |
| Endorsement statements | E241 - Level 1 Needle and Syringe Programme Practitioner Training | Uptake of NICE guidance and standards |
| Endorsement statements | E248 – A guide for GPs: referring people under the age of 50 for bowel cancer investigation | Uptake of NICE guidance and standards |
| Endorsement statements | E244 - Decision Support Tools for use in primary care by people with Musculoskeletal Conditions (Knee problems, Hip problems, Shoulder problems, Back problems and Sciatica) | Uptake of NICE guidance and standards |

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.

Indicators:

NICE indicators measure outcomes that reflect the quality of care, or processes linked, by evidence, to improved outcomes.

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.

Shared learning examples:

These publications are quality-assured practical case studies written by local organisations and describe their use of NICE guidance and/or quality standards to change and improve local practice in their services.

Endorsement statements:

Tools to support the uptake of NICE guidance and standards.

Appendix 5: Balanced scorecard April 2020 to December 2020

Guidance, standards, indicators and evidence

| Success criteria | | Planned output to year end | Forecast revised output due to COVID-19 | Key measures | Target (against forecast revised output) | | Planned YTD (revised output) | Actual  YTD | Cumulative performance | | RAG status |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Publish guidelines: clinical areas | | 13 | 3 | Publication within stated year | 80% | | 3 | 3 | 100% | | Green |
| Publish guidelines: public health | | 2 | 1 | Publication within stated year | 80% | | 1 | 1 | 100% | | Green |
| Publish guidelines: social care | | 1 | 0 | Publication within stated year | 80% | | 0 | 0 | 100% | | Green |
| Publish guidelines: managing common infections | | 4 | 0 | Publication within stated year | 80% | | 2 | 2 | 100% | | Green |
| Publish guidelines: COVID-19 rapid guidelines | | 0 | 21 | Publication within stated year | 80% | | 23 | 23 | 100% | | Green |
| Publish technology appraisals and highly specialised technologies guidance | | 98 | Up to 70 | Publication within stated year | 80% | | 42 | 40 | 95% | | Green |
| Publish interventional procedures guidance | | 33 | Up to 25 | Publication within stated quarter | 80% | | 15 | 13 | 87% | | Green |
| Publish diagnostics guidance | | Up to 11 | Range from 5 to 7 | Publication within stated quarter | 80% | | 3 | 3 | 100% | | Green |
| Publish medical technologies guidance | | Up to 14 | Range from 5 to 10 | Publication within stated year | 80% | | 5 | 5 | 100% | | Green |
| Publish medtech innovation briefings (MIBs) | | Up to 46 | Range from 20 to 30 | Publication within stated year | 80% | | 33 | 31 | 94% | | Green |
| Deliver commercial briefing notes for NHSE&I to support discussions with companies | | Up to 60 | Up to 40 | Delivery within stated year | 80% | | 30 | 50 | 167% | | Green |
| Advise on ‘Patient Access Schemes’ | | Up to 55 | Up to 37 | Delivery within stated year | 80% | | 27 | 27 | 100% | | Green |
| Deliver new data collection agreements | | Up to 22 | Up to 15 | Delivery within stated year | 80% | | Up to 11 | 5 | 45% | | Amber (see note 1) |
| Complete data collection projects and associated managed access agreement exits | | Up to 12 | Up to 12 | Delivery within stated year | 80% | | Up to 9 | 4 | 44% | | Amber (see note 2) |
| Actively monitor existing data collection projects | | Up to 52 | Up to 52 | Delivery within stated year | 80% | | Up to 39 | 39 | 100% | | Green |
| Manage portfolio of evaluative commissioning projects for NHSE&I | | Up to 2 | Up to 1 | Submission to NHS England Clinical Panel within stated quarter | 80% | | 1 | 1 | 100% | | Green |
| Publish guideline surveillance reviews | | 20 | Up to 20 | Publication within stated year | 80% | | 11 | 11 | 100% | | Green |
| Deliver evidence summaries – antimicrobial prescribing | | Up to 4 | Up to 4 | Publication within stated year | 75% | | 2 | 2 | 100% | | Green |
| Deliver evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | Up to 10 | | 3 | Delivery to NHS England within year | 80% | 9 | | 9 | 100% | Green | |
| Deliver quality standards | 16 | | 8 | Publication within stated quarter | 80% | 7 | | 6 | 86% | Green | |
| Deliver indicator menu | 1 | | 1 | Publication within stated year | 100% | 1 | | 1 | 100% | Green | |
| Deliver endorsement statements | 30 | | 20 | Publication within stated quarter | 80% | 17 | | 18 | 106% | Green | |
| Deliver shared learning examples | 50 | | 25 | Publication within stated quarter | 80% | 23 | | 35 | 152% | Green | |
| Publish monthly updates of the BNF and BNF C content | 12 | | 12 | Publication within stated quarter | 80% | 9 | | 9 | 100% | Green | |
| Deliver a regular medicine awareness service | 50 | | 50 | Publication to regular schedule | 90% | 38 | | 38 | 100% | Green | |
| Deliver medicines advice products | 10 | | 10 | Publication within stated quarter | 80% | 8 | | 8 | 100% | Green | |
| Develop ‘rapid action plans’ in context of RAPID-C19 | 0 | | Up to 15 | Develop within stated year | 80% | N/A | | 33 | 220% | Green | |

Note 1: Fewer cancer topics have been recommended for Managed Access Agreements (MAAs) this year. Additionally, 2 CDF MAAs are due to publish in January 2021, which have been delayed by commercial negotiations between NHSE&I and the company. A further HST MAA is drafted and awaiting a commercial agreement between NHSE&I and the Company.

Note 2: Five CDF guidance reviews were paused in 2020 as part of the NICE COVID-19 workplan. Four out of five topics have been rescheduled into the workplan. The remaining topic has draft timelines, which will be formalised in Q1 2021/22.

Adoption and impact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Outputs | Measure | Target | Actual YTD | RAG |
| Publish resource impact products to support all NICE guidelines (excluding COVID-19 rapid guidelines), positively recommended technology appraisals, medical technologies and diagnostics guidance at the point of guidance publication | Publication within year | 90% | 100% | Green |
| Coverage of NICE in the media | % of positive coverage of NICE in the media resulting from active programme of media relations | 80% | 83% | Green |
| Ensuring stakeholders have access to our websites as the main communication channel | Percentage of planned availability, not including scheduled out of hours maintenance | 98% | 99.99% | Green |

Operating efficiently

| Critical success factors | Key measures | Target | Actual YTD | RAG |
| --- | --- | --- | --- | --- |
| Effective management of financial resources | Revenue spend | To operate within budget | Budget for the period April – Dec 2020 was £40.0m.  Net YTD spend was £36.6m. This was a net under spend of £3.4m (9%). | Green |
| Effective management of non-exchequer income | Net income received from non-exchequer income sources (including TA/HST cost recovery, Scientific Advice, Office for Market Access, research grants, knowledge transfer) measured against business plan targets | 90% | The business plan income target was to receive £10.1m year-to-date (YTD) from non-exchequer sources.  The year-to-date income recognised is £7.8m, which is £2.3m (33%) lower than target. This deficit is primarily related to reduced income from TA/HST fees than target. | Amber (see note 3) |
| Management of recruitment | Proportion of posts appointed to within 4 months of first advertisement | 80% | 80% | Green |
| Management of sickness absence | Quarterly sickness absence rate is lower than the average rate (2.75% for the 12 months to September 2019) across the Arms Length Bodies | 2.75% | 1.56% | Green |
| Staff satisfaction | Proportion of staff reporting in staff survey that the Institute is a good, very good or excellent place to work (global job satisfaction index) | 80% | N/A  This data has not been collected. The staff survey has been deferred to May 2021. | N/A |
| Staff involvement | Hold monthly staff meetings | 80% | 100% | Green |
| Staff well-being | Implementation of NICE’s quality standard for healthy workplaces: improving employee mental and physical health and wellbeing in respect of own staff | 80% of quality statements | 83% | Green |
| Recycled waste | % of total waste recycled | 90% | 100% | Green |
| Improved satisfaction | Complaints responded to in 20 working days | 80% | 100% | Green |
| Improved satisfaction | Enquiries fully responded to in 18 working days | 90% | 93% | Green |
| Improved satisfaction | Number of Freedom of Information requests responded to within 20 working days | 100% | 99% | Amber (see note 4) |
| Improved satisfaction | Parliamentary Questions (PQs) contribution provided within requested time frame | 90% | 89% | Amber (see note 5) |
| Interest in lay committee vacancies reflected by ratio of applications to positions | 2:1 (or greater) each quarter | 100% | 7.3:1 | Green |
| Speed of production[[1]](#footnote-1) | % Technology appraisals for all new drugs with a new active substance referred to NICE issuing guidance within 90 days of the product being first licensed in the UK | 90% | 100%  2 out of 2 topics met the target – all other topics covered by SOP caveats | Green |
| Speed of production | % of multiple technology appraisals (MTA) from invitation to participate to appraisal consultation document (ACD) in 41 weeks, or where no ACD produced to final appraisal document (FAD) in 44 weeks | 85% | N/A  No MTA ACDs or FADs published so far in 2020 | N/A |
| Speed of production | % of Appeal Panel decisions received within 3 weeks of the hearing | 80% | Two appeal decisions were published: both were received outside of the target | Red (see note 6) |

Note 3: The income target for TA/HST in Q1-Q3 was £8.0m, with £5.1m recognised in that time. This shortfall was expected due to the impact of COVID-19, with the 2020/21 business plan assuming a deficit of between 30-50% less income this financial year.

Other income from non-exchequer sources (excluding fees from TA/HST) is currently over-achieving its target by £0.6m, mainly because of better performance in NICE Scientific Advice.

Note 4: 1 FOI responded to outside the statutory time limit in Q2. The response was delayed in March/April 2020 due to the move to home working and re-prioritisation of work. It was also a complex request needing input from multiple colleagues and legal advice throughout the process. There was some delay in being provided with the right information from the relevant contacts within NICE.

Note 5: Received 7 PQs on the same day in Q2. 1 answered on time the same day. The remaining 6 were due by close of play the following day. Information needed for the responses was not received from the team within NICE until the morning after the deadline.

Note 6: 2 appeal decisions were received outside of the required timeframe. Both decisions were delayed due to the length and complexity of the oral hearings.

RAG status – Key

Green = Greater than or equal to annual target

Amber = Between 50% and less than annual target

Red = Less than 50% of annual target

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January 2021

1. The following caveats are taken into account when measuring performance:

   1. % STAs for all new drugs with a new active substance issuing final guidance within 90 days of the product being first licenced in the UK

   The product has been identified and referred early enough to allow for guidance publication to be timely, and

   The company has not asked for the appraisal to be scheduled at a later date, which was accepted by NICE, and

   The technology appraisal follows standard NICE process up to and including the first committee meeting, and

   No changes to the regulatory schedule are received after the company has been invited by NICE to make an evidence submission, and

   No changes to the regulatory schedule are communicated before the appraisal has started, where the dates are brought forward without opportunity for NICE to react (that is notification less than 43 weeks before the CHMP meeting date) and

   No requests for further submission of evidence are made after the initial submission of evidence, including for a PAS or CAA, and

   No other factors out of NICE’s control are in play (for example ‘purdah’ and a pandemic such as COVID-19)

   2. % of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks

   * The technology appraisal follows standard NICE process up to and including the first committee meeting
   * No requests for further submission of evidence are made after the initial submission of evidence, including for a PAS or CAA, and
   * No other factors out of NICE’s control are in play (for example ‘purdah’)

   [↑](#footnote-ref-1)