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 February 2021 and on other matters of interest.

The Board is asked to review the report.

Professor Gill Leng

Chief Executive

March 2021

Introduction

This report provides an overview of the performance of the Institute against our business plan objectives for the 11 months to the end of February 2021. The report notes the guidance published since the last public Board meeting in January and refers to issues not covered elsewhere on the Board agenda.

Over the last 2 months we have continued to keep our rapid COVID-19 guidelines up to date with new evidence as it emerges. We have also been finalising the strategy document with external designers, and prioritising areas for work for the 2021/22 business plan. We cemented our close working with the Medicines and Healthcare products Regulatory Agency (MHRA) by signing off a refreshed partnership agreement. This will see us collaborate in three main areas: ensuring the safety of UK patients and the public; enabling timely access to medicines and products; and championing innovation in UK Life Sciences.

In my last report to the Board the forecast underspend was £3.4m. We are now approaching the year end, and the revised forecast is slightly increased at £3.5m. 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 and because of pay underspend.

Performance

2020/21 has continued to be an unprecedented year for NICE, as it has for the whole system and for patients. We have aimed to keep all critical business on track, however we have reprioritised some work because of pressures on the wider system as well as on staff. Appendix 3 shows variation against the business plan, highlighting where it was a consequence of the pandemic. We also extended the consultation period for the technologies process review to allow those under pressure because of the pandemic response to have more time to send detailed comments.

Detail of our performance is contained in 4 appendices to this report:

* 1. Appendix 1 presents the volume of actual to planned outputs of our major programmes between April 2020 and February 2021.
	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 January 2021.

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

Other notable issues and developments

The 5-year strategic plan

Work on NICE’s new strategic plan has continued since the last Board meeting, and I am pleased that the fully designed version is on the agenda today for final sign off. We held two events in February to test the core elements of the strategy with key stakeholder groups, and it was extremely well received.

A launch event for the strategy is scheduled for 19 April. There will be an initial welcome from the NICE Minister, Lord Bethell, followed by a discussion about our aims for the next 5 years with a panel including the Chairman and Chief Executive. There are over 1300 registrants for the event.

Taking forward the strategy will require changes to NICE’s organisational design, culture and ways of working. We are identifying additional resource to help us deliver on these ambitions, with the aim of taking it forwards from the beginning of April.

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 February 2021**

Notes:

* HST refers to the highly specialised technologies programme (drugs for very rare conditions)
* MIBs (medtech innovation briefings) are reviews of new medical devices
* Guideline 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

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 | * In January the Board received an update on the wide range of agile, collaborative approaches adopted both internally and externally in response to the COVID-19 pandemic. This included a summary of the learning gained from these adaptions.
* Work is continuing 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 | * The discovery phase has started. Effort has been scaled down to accommodate staff capacity in the business team.
 |
| Undertake a Citeable Publications feasibility study and roll out in conjunction with NIHR as part of NICE Connect | Q3 20/21 | * The feasibility assessment and options appraisal of working with NIHR as a solution for surfacing citeable publications produced during NICE guidance development will be delivered by 31 March 2021.
 |
| 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~~Revised to Q1 2021/22 | * The reputation research brief is out to tender. Field work is scheduled to begin in May subject to agency appointment.
* Results of a study to understand our audiences’ implementation requirements were presented to the Board in September and December 2020 as part of the implementation deep dive. Key questions on implementation will be included in the reputation research project.
* As part of the integrated content project, a programme of user research has been completed including sessions to validate the user journey and user needs, and fieldwork with GPs and practice nurses to support content development and testing.
 |
| Deliver multi-channel marketing activities for major initiatives through the newly established brand and marketing team | ~~Ongoing~~Revised to Q4 and ongoing | * **Strategic communications support for digital health:** A draft marketing communications plan was developed to support NICE’s efforts toestablish its role within the digital health sectorand to begin todemonstrate progress and impact.Multi agency advice service for AI developers and adopters has been supported with key messages, stakeholder engagement strategy and communications planning.
* **Support for NICE International (NI):** A new animation, showing NI’s purpose and service offering was produced for presentation at the APPG on Global Health in January. Work began on refreshing the NI web page, with a view to improving user experience and search engine optimisation. In February, a research agency was appointed to gain audience insight that will be used in development of the NI business strategy, and marketing strategy.
 |
| 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~~Revised to Q4 and Q1 2021/22 | * Work to date on a social media strategy will be folded into development of a comprehensive 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 | * The first Cross Agency Topic Prioritisation group was convened in January to give a steer for initial prioritisation of the guidelines portfolio. The group consists of representatives from NHS England and NHS Improvement, the Department of Health and Social Care and Public Health England. We are currently implementing the first stage of prioritisation for ratification and further discussion by the panel in May.
 |
| 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 complete.
* 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 | Q3/4Q2 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 for the Process review is currently live.
 |
| 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.
* The roll out of the EPPI reviewer tool is complete.
 |
| 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 outlining a comprehensive, robust and transparent data and analytics methods and standards programme, and an implementation update, was approved at the January 2021 public Board agenda.
* The data and analytics team is recruiting 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.
* MTG guidance for Zio XT for detecting cardiac arrhythmias, one of the digital pilot topics, was published in December 2020.
* An update to the Evidence for Effectiveness Standards is planned for publication in April 2021.
* Led by the Office for Digital Health, we will be developing an update to the Evidence for Effectiveness standards framework specifically for AI health technologies. Recruitment to this project has started.
* 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 digital health technology 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 (12 posts appointed since September).
 |
| 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 | * Development of a Managing acute COVID-19 guideline has commenced, which brings together all of the existing NICE recommendations on care and treatment of people with COVID-19 and makes new recommendations on therapeutics for COVID-19. NHSE&I COVID specialty guides are being assimilated, updated or stood down. The guideline is being developed in MAGICapp, a structured guideline authoring tool.
* Two evidence summaries on the interleukin‑6 inhibitors tocilizumab and sarilumab were published.
* The Research to Access Pathway for Investigational Drugs for COVID-19 (RAPID-C19) continues to be a critical part of the DHSC Therapeutics Taskforce's ongoing response to COVID-19 and NICE sits on the Therapeutics Taskforce programme board. The RAPID-C19 oversight group continues to meet weekly. To date, access to 5 drugs has been facilitated, 56 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 pilot topic to be published in March 2021. Contracts will then be 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 took place in January with items including an update on the NICE strategy, white paper, long term plan, new NHS structures, public health role, non-COVID priorities and a draft partnership agreement.
* Six-weekly meetings have been established with the new DHSC Adult social care team to align priorities and support the system. Regular engagement has been established and maintained with key organisations in social care (e.g. SCIE, ADASS, LGA, Skills for Care, TLAP).
 |
| 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 recently published commercial medicines framework and the 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 establish 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 participated in the decision to award the first Innovation Passport for belzutifan, a treatment developed by MSD (UK) for adults with von Hippel Lindau disease.
* 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.
* The exceptional review of the NICE guideline on urinary incontinence and pelvic organ prolapse in women (NG123) was published in February.
* The NICE and NHSE&I project to develop and test models for the evaluation and purchase of antimicrobials is now in the product evaluation stage. Scoping workshops were held in January and final scopes for the two selected products have been published.
 |
| 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 | * A new three-year deal for national access to the Cochrane Library for England commencing from May 2020 has been successfully negotiated.
* We are 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.
* We have 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 | * The significant majority of Technology Appraisals topics that were paused due to COVID-19 have been restarted. A small percentage remain paused or delayed at the company’s request.
* 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 technical support commitment for the AAC and have also agreed that NICE AAC technical support will work on the selection process for identification of the next round of Rapid Uptake Products (RUPs) in 2021/22.
* 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. Also considering how NICE activities can support the new AAC Strategy for 2021 onwards.
 |
| 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 final stages of approval for publication; this will complement the NHSE&I Commercial Framework that published in February 2021.
* Work is underway to develop a governance framework to allow data sharing between the managed access team, the Office for Market Access, NICE Scientific Advice and the technology appraisals programme 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.
* We are 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.
* We are leading the development of a multi-agency advice service for AI health technologies (funded by NHSX), along with partners MHRA, HRA and CQC.
* We are initiating work, with the MHRA, to explore a new innovative licensing and access pathway for medtech.
 |
| 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.
* Work on the Innovative Medicines Fund is progressing towards public engagement exercise in Spring 2021.
* NHSE&I funding for NICE’s expanded managed access function has been confirmed for 2021/22 through 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.
* The partnership agreement between NICE and the MHRA has been renewed and an associated workplan is in the final stages of development. Collaborative work continues on the detailed procedures to underpin the Innovative Licensing and Access Pathway (ILAP) that 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. This project is now fully recruited to, and the user and desk research is well underway. A gap analysis of the regulatory pathway is being conducted.
* Joint working programme on regulatory and access approaches for digital health technologies established with NHSX and MHRA, including exploration of an ILAP for medtech.
 |
| 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 collaborating with the Australian National COVID-19 Clinical Evidence taskforce and the World Health Organisation on our guidance for acute COVID management and managing the long term effects of COVID.
* 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 | * Two staff cohorts are currently undertaking formal Lean Six Sigma training - a quality improvement methodology to increase efficiency and optimise business processes. Further to the previous course completed by 16 colleagues in November, this week-long 'Green Belt' course is now being extended to a further 31 colleagues working on operational productivity projects.
* The revisions to the Digital Workplace business case are now being finalised for submission to the Board in April. Pending Board approval, this project will provide the capability to significantly enhance productivity by utilising M365 and SharePoint.
 |
| Deliver against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets | End of March 2021 | * After 10 months the budget was under spent by £3.5m (8%).
* 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 in Q3 from Q2, rising to £2.4m (which is close to full cost recovery) and is forecast to be a further £2.0m in Q4. This would total £7.0m in 2020/21 against a plan of £10.7m.
* Other non-GIA income targets have been achieved in the first 10 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 has been 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 | * We launched our refreshed appraisal approach ‘My Contribution’ in April 2020 and virtual training was provided for staff and managers, which was well-attended. We have obtained feedback on the new approach and are now 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 have produced a wealth of resources and support for staff and managers to help everyone to work as effectively as possible from home.
* In January 2021, we ran our second virtual Healthy Work Week.
* We ran a themed WINTER Wellbeing programme to promote these resources during the second lockdown and are planning a March into SPRING programme.
* We launched a Staff Suggestion Scheme in February 2021, for ideas to further support motivation and morale during the lockdown.
* We are planning for our annual Staff Survey, which is scheduled for May.
 |
| 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 standardised several job descriptions for the Connect Programme.
* We have developed an interim organisational development action plan to support NICE Connect.
 |
| 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 new London office opened on 18 January 2021, but usage has been strictly limited during the national lockdown.
* The shared IT solutions were successfully tested. The AV solution is being installed in the smaller meeting rooms, week commencing 15 March 2021 and the solution for the larger conference suites is being negotiated with DHSC.
 |
| Begin a programme of improvements to the Manchester office to ensure best use of the space available | End of Q4 | * The back reception refurbishment works and touch free automated security access door installation are due to be completed by end of March 2021. Works to increase Wi-fi coverage are complete.
* Subject to step 1b of the Government’s roadmap going ahead on 29 March, we will reopen the Manchester office from 5 April for staff who cannot work effectively from home or need access to office space for wellbeing reasons.
* Main office refurbishment project has been postponed for a year to learn lessons from the layout of Redman Place in London, and provides more opportunity to develop ways of working, designing the office around new requirements.
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Appendix 3: Guidance development - variation against plan April 2020 to February 2021

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 | 5 topics delayed: * 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).
* High tibial osteotomy with adjustable magnetic nail insertion for symptomatic medial knee osteoarthritis: Guidance most likely to be suspended following advice from MHRA. Guidance publication date to be confirmed.
* Repetitive short pulse transscleral cyclophotocoagulation for glaucoma: Delay due to receipt of resolution request. Guidance publication date to be confirmed.
* Cytoreduction surgery followed by hyperthermic intraoperative peritoneal chemotherapy for peritoneal carcinomatosis: Delay due to change in date of Guidance Executive meeting. Anticipated guidance publication is March 2021 (Q4 2020/21).
* Free-functioning gracilis transfer to restore upper limb function in brachial plexus injury: Delay due to change in date of Guidance Executive meeting. Anticipated guidance publication is March 2021 (Q4 2020/21).
 |
| Medical technologies | 2 topics delayed: * Danis Stent: This piece of guidance was delayed in scoping and development, then further delayed due to the COVID-19 pandemic. Anticipated guidance publication is March 2021 (Q4 2020/21).
* Alpha Stim AID: This piece of guidance was delayed due to the COVID-19 pandemic and further delayed due to staff shortages. Anticipated guidance publication is March 2021 (Q4 2020/21).
 |
| Public health | No variation against plan 2020/21. |
| Quality standards | 1 topic delayed:* Fetal alcohol sprectrum disorders: This topic is delayed due to the COVID-19 pandemic. The first consultation in March 2020 was affected by the national lockdown and was therefore re-run in August/September 2020. However, the volume and complexity of the comments received, along with the need to consider legal advice on some matters, meant that the post consultation committee meeting was postponed. Guidance date to be confirmed.
 |
| Diagnostics | 2 topics delayed:* PredictSURE-IBD and IBDX to guide personalised treatment of Crohn’s disease: This piece of guidance was originally delayed due to the COVID-19 pandemic. The guidance is now delayed further to allow resolution requests to be considered. Guidance date to be confirmed.
* QAngio XA 3D/ QFR and CAAS vFFR imaging software for assessing the functional significance of coronary obstructions during invasive coronary angiography: This piece of guidance was originally delayed due to the COVID-19 pandemic. The guidance is now delayed further to allow resolution requests to be considered. Guidance date to be confirmed.
 |
| Technology appraisals and highly specialised technologies | No variation against plan 2020/21. |
| 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 January 2021

Since the report to the Board meeting in January 2021 the Institute has published the following guidance and advice products.

| Product | Topic | Recommendation |
| --- | --- | --- |
| COVID-19 rapid guidelines | No publications | Not applicable |
| Clinical guidelines | No publications | Not applicable |
| Public health | No publications | Not applicable |
| Managing common infections | No publications | Not applicable |
| Social care | Safeguarding adults in care homes | General guidance |
| Interventional procedures | Self-expanding implant insertion into the intersphincteric space for faecal incontinence | Research |
| Interventional procedures | Minimally invasive radical hysterectomy for early stage cervical cancer | Do not use and research (split recommendation) |
| Medical technologies | The PLASMA system for transurethral resection and haemostasis of the prostate | Case for adoption supported |
| Medical technologies | The VAC Veraflo Therapy system for acute infected or chronic wounds that are failing to heal | Research recommendation |
| Medical technologies | Leukomed Sorbact for preventing surgical site infection | Case for adaption supported for caesarean section and vascular surgery |
| Diagnostics | No publications | Not applicable |
| Quality standards | Suspected neurological conditions: recognition and referral | Quality improvement |
| Quality standards | Abortion care | Quality improvement |
| Indicators | No publications | Not applicable |
| Technology appraisals | Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer | Optimised |
| Technology appraisals | Brigatinib for ALK-positive advanced non-small-cell lung cancer that has not been previously treated with an ALK inhibitor | Optimised |
| Technology appraisals | Trifluridine–tipiracil for treating metastatic gastric cancer or gastro-oesophageal junction adenocarcinoma after 2 or more therapies | Not recommended |
| Technology appraisals | Brolucizumab for treating wet age-related macular degeneration | Optimised |
| Technology appraisals | Mepolizumab for treating severe eosinophilic asthma | Optimised |
| Technology appraisals | Vernakalant for the rapid conversion of recent onset atrial fibrillation to sinus rhythm  | Terminated appraisal |
| Technology appraisals | Pembrolizumab for untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable  | Terminated appraisal |
| Technology appraisals | Niraparib for maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy | Optimised within the CDF |
| Technology appraisals | Dapagliflozin for treating chronic heart failure with reduced ejection fraction | Optimised |
| Technology appraisals | Omalizumab for treating chronic rhinosinusitis with nasal polyps  | Terminated appraisal |
| Technology appraisals | Autologous anti-CD19-transduced CD3+ cells for treating relapsed or refractory mantle cell lymphoma | Optimised within the CDF |
| Technology appraisals | Filgotinib for treating moderate to severe rheumatoid arthritis | Optimised  |
| Highly specialised technologies | Metreleptin for treating lipodystrophy | Optimised |
| Medtech innovation briefings | Artificial intelligence for analysing chest CT images | Summary of best available evidence |
| Medtech innovation briefings | Artificial intelligence in mammography | Summary of best available evidence |
| Medtech innovation briefings | Optilume for anterior urethral strictures | Summary of best available evidence |
| Medtech innovation briefings | Natural Cycles for monitoring fertility | Summary of best available evidence |
| Medtech innovation briefings | AcQMap for mapping the heart atria to target ablation treatment for arrhythmias | Summary of best available evidence |
| Medtech innovation briefings | Accuro for guiding epidural or spinal anaesthesia | Summary of best available evidence |
| Medtech innovation briefings | CytoSorb for reducing risk of bleeding during cardiac surgery | Summary of best available evidence |
| Medtech innovation briefings | DOAC Dipstick for detecting direct oral anticoagulants | Summary of best available evidence |
| Medtech innovation briefings | Faecal microbiota transplant for recurrent or refractory Clostridioides difficile infection | Summary of best available evidence |
| Medtech innovation briefings | URO17 for detecting bladder cancer | Summary of best available evidence |
| Medtech innovation briefings | PROPEL sinus implants for maintaining sinus patency after surgery | Summary of best available evidence |
| Medtech innovation briefings | The STAK tool for preventing and treating knee stiffness | Summary of best available evidence |
| Medtech innovation briefings | moorLDLS-BI for burn depth assessment | Summary of best available evidence |
| Guideline surveillance reviews | CG136 Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services | Summary of best available evidence |
| Guideline surveillance reviews | NG53 Transition between inpatient mental health settings and community or care home settings | Summary of best available evidence |
| Guideline surveillance reviews | NG89 VTE in over 16s | Summary of best available evidence |
| Guideline surveillance reviews | NG122 Lung cancer: diagnosis and management – Exceptional review | Summary of best available evidence |
| Guideline surveillance reviews | NG123 Urinary incontinence and pelvic organ prolapse in women - Exceptional review | Summary of best available evidence |
| Guideline surveillance reviews | NG131 Prostate cancer - Exceptional review | Summary of best available evidence |
| Guideline surveillance reviews | CG54 UTI in under 16's - Exceptional review | Summary of best available evidence |
| Guideline surveillance reviews | NG118 Renal & ureteric stones - Exceptional review | Summary of best available evidence |
| Medicines advice products | Remsima (infliximab biosimilar) for subcutaneous injection for managing Crohn’s disease and ulcerative colitis | Summary of best available evidence |
| Evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | COVID-19 rapid evidence summary: Tocilizumab for COVID-19 | Summary of best available evidence |
| Evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | COVID-19 rapid evidence summary: Sarilumab for COVID-19 | Summary of best available evidence |
| Evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | Oral diflunisal for hereditary transthyretin amyloidosis (hATTR) with neuropathy | Summary of best available evidence |
| Evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | COVID-19 rapid evidence summary: Tocilizumab for COVID-19 (update) | Summary of best available evidence |
| Antimicrobial evidence summaries | Delafloxacin for acute bacterial skin and skin structure infections | Summary of best available evidence |
| Shared learning | The effect of COVID-19 related lockdown on patients taking warfarin | Shared Learning example |
| Shared learning | Impact of COVID-19 on Carers: Caring for Carers - Can we be of help? | Shared Learning example |
| Shared learning | Using implantable cardiac monitors to detect atrial arrhythmias (fibrillation/flutter) after cryptogenic stroke | Shared Learning example |
| Shared learning | An A&E Self-harm Follow Up by Compassionate Care Call (Pilot) | Shared Learning example |
| Shared learning | Transforming the care of children and young people in London with asthma: Development of the London Asthma Standards | Shared Learning example |
| Endorsement statements | No publications | Not applicable |

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.

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