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 March 2021. The report notes the guidance published since the last public Board meeting in March and refers to issues not covered elsewhere on the Board agenda.

The Board is asked to review the report.

Professor Gill Leng

Chief Executive

May 2021

Introduction and overview

This report provides an overview of the performance of the Institute against our business plan objectives for the 12 months to the end of March 2021.

## Responding to the pandemic

In March 2020, following Government advice, we took the decision to close our offices and move to fully remote working. This required significant changes to the way people worked with a rapid allocation of equipment and resources.

In the first wave of the pandemic, we sought to avoid distracting the NHS at a time when it was facing unprecedented pressure, by supporting the release of frontline staff who might otherwise be engaged in our committees, and minimising publication of outputs that might be a distraction during this critical time.

This pause on publication had a significant initial impact on planned outputs but released capacity for us to develop a new programme of rapid guidelines relevant to the clinical management of COVID-19. These COVID-19 guidelines continue to be maintained and updated in the light of new evidence, and represent a significant resource for the healthcare system. We also collaborated closely with partner organisations in the RAPID-C19 initiative to accelerate access to potential new treatments for COVID.

## A new strategy for NICE

Alongside work to support the pandemic response, we also developed a new 5 year strategy for NICE. This was formally launched in April, with over 3,300 virtual attendees. At the core of the strategy is the aim to make NICE more flexible, responsive and agile, building on approaches taken to respond to the pandemic. Significant work is now underway to implement the new strategy, with accompanying work on organisational culture and design.

With the launch of this ambitious new strategy, we will continue to take forward the work started under the banner of NICE Connect as part of a broader transformation programme.

## Other priority activities

Alongside our additional work on COVID-19 related activity, we continued to support other priority initiatives in the health and care system. This included the Voluntary Scheme for Branded Medicines Pricing and Access, the Life Sciences Sector Deal, NHS Long Term Plan, and the Government’s manifesto commitment to establish an innovative medicines fund.

In accordance with the commitments in the 2019 VPAS we initiated a significant review of the methods and process guides for our technology evaluation programmes, including the routing criteria for the highly specialised technologies programme, to ensure that they are fit for the future.

Reflections on our performance this year

At the outset of the year, we agreed targets for our core outputs with NICE’s Department of Health and Social Care (DHSC) sponsor team, to be tracked using the 45 measures in our balanced scorecard.

As the detail in appendices 1-5 illustrates, the NICE team has shown fantastic resilience in delivering our core output targets and the objectives in our business plan, alongside a range of new initiatives, in the context of a remarkable year of disruption.

1. More detail on our performance is contained in five appendices to this report:
   1. The latest position of the objectives in our 2020-21 business plan (Appendix 1).
   2. The volume of actual to planned outputs of our major programmes between April 2020 and March 2021 (Appendix 2).
   3. An explanation of the variance of major programme outputs (Appendix 3).
   4. The guidance, quality standards and other advice published since the last Board meeting in March 2021 (Appendix 4).
   5. The balanced scorecard showing performance against the measures in the business plan at 31 March 2021 (Q4) (Appendix 5).

## Variation against plan

Of our 42 business plan objectives, 36 were delivered to plan. Of the remaining 6, our original objective to publish a detailed methodological framework for using data analytics across NICE’s programmes evolved in-year and work is on track in line with the revised approach. Work is ongoing to generate efficiency improvements and to implement the actions in our workforce strategy. The planned reputation research and social media strategy were postponed to the new financial year. Finally, while we did not exceed our resource plan, ending the year with a net underspend of £3.7m (9%), our non-exchequer income recognised was £10.3m, £3.3m (32%) lower than target. This was due to a range of factors outlined in detail in the Resources progress report. Further detail on specific areas of work is provided in the directors’ reports.

Of our 45 balanced scorecard measures, 37 were green rated at year end. Two measures lapsed during the year. The remaining six were rated amber, and in one case red at year end. These relate to:

* 1. Delayed publication of a small number of interventional procedures guidance.
  2. A reduced number of topics recommended for managed access below the original target, in line with fewer guidance publications during 2020-21.
  3. Some negative media coverage, relating to antipsychotic medicines, campaigns to widen access to Kuvan for PKU, and abiraterone for prostate cancer.
  4. Our lower than planned income from non-exchequer sources.
  5. 6% of Freedom of Information requests took us longer than the target 20 days to respond, in part due to delay in obtaining necessary technical information.
  6. Two appeal decisions were received outside of target (within 3 weeks of the hearing).

Overall, it has been a challenging but successful year and the whole NICE team can be proud of our achievements. I would like to thank all those across the organisation for their efforts in supporting these developments. It has been a remarkable year! It has also been a real pleasure to see the whole organisation come together and get excited about our new strategy. The next 12 months will be another exciting period for all of us. I look forward to seeing what more we will achieve together.

Appendix 1: Business objectives for 2020-21 – end of year update

| 1. 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 | Original delivery date | Revised delivery date | Progress update | End of year status |
| --- | --- | --- | --- | --- |
| 1.1 Delivery of internal efficiency improvements as part of NICE Connect | Ongoing | Ongoing | * Work has continued with both the consultations and surveillance initiatives to drive efficiency:   o Consultations project team has concluded phase 2 activity, identifying key areas of the process and approach for improvement. Phase 3 of the project has now been approved, which will adopt an agile approach to mapping new ways of working over a 6-month duration.  o Options appraisal approved for the Redesign of Surveillance in the long term. For the immediate term, support teams will progress with aligning approaches to key processes and surveillance triggered by priority. | Partially delivered. Work will continue in 2021/22 as part of the broader transformation programme |
| 1.2 Undertake a discovery for a commissioner/life sciences portal incorporating process and technical considerations and user research as part of NICE Connect | Ongoing | Q4 20/21 | * A light discovery phase was completed. This provides priority objectives to guide the development of the ‘life science hub’ resource during 2021/22. | Delivered |
| 1.3 Undertake a Citeable Publications feasibility study and roll out in conjunction with NIHR as part of NICE Connect | Q3 20/21 | 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 was delivered 18 March 2021. The NIHR solution was considered unfeasible, and instead we will progress our relationship with National Center for Biotechnology Information (NCBI) as a pragmatic solution, ensuring there are links with the content strategy and integrated guidance project. The NCBI is part of the United States National Library of Medicine, a branch of the National Institutes of Health. The NCBI Bookshelf is a collection of freely accessible, downloadable, on-line versions of selected biomedical content. | Delivered |
| 1.4 Introduce one external registration point for stakeholder information on the website following an internal process review | Ongoing | 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. | Delivered |
| 1.5 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 | 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. | Delivered |
| 1.6 Manage and maintain NICE’s live digital services utilising user insight and strategic service goals to prioritise use of the available resources | Ongoing | Ongoing | * Live service maintenance and user insight continue as part of business-as-usual activity. | Delivered |
| 1.7 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 | Q1 2021/22 | * We have re-appointed Yonder who conducted the 2019 research project, to conduct the reputation research, with field work anticipated to begin in June. * User insight is informing decisions across transformation (Connect) projects, particularly for the integrated guidance project where we have been running a rolling programme of research to inform user-led content development. | Not yet delivered – on track to be delivered in Q1 2021/22 |
| 1.8 Deliver multi-channel marketing activities for major initiatives through the newly established brand and marketing team | Ongoing | Q4 and ongoing | * Strategy launch marketing campaign: In the weeks before the strategy launch event we launched a paid digital marketing campaign, consisting of advertising on social media channels, Google search, re-marketing (web banners served to those who visited specific pages on the NICE website) and display banners on publication sites. The post-launch awareness-raising phase ran until Sunday 10 May. * Support for NICE International (NI): Based on user insights research we launched a refreshed section of the website for NICE International in April. In the first 3 weeks live, page views were up over 450% compared to April 2020. * Newsletters**:** During the reporting period we made further progress with improving the content and data management of our corporate newsletters. We aim to apply a consistent data taxonomy and capture data that will enable delivery of data-driven marketing communications in future. | Delivered for this year |
| 1.9 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 | Q2 2021/22 | * The social media strategy will be part of a communications channel review to inform a new communications and marketing strategy to support the implementation of the new NICE strategic plan. | Not yet delivered – now due Q2 2021/22 |
| 1.10 Review the function and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search, Medicines Awareness Service) | Ongoing | 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. | Delivered for this year |

| 2. 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 | Original delivery date | Delivery date | Progress update | End of year status |
| --- | --- | --- | --- | --- |
| 2.1 Deliver guidance, standards, indicators and evidence products and services, in accordance with the planned volumes and requirements of the COVID-19 pandemic | Ongoing | Ongoing | * Details of the main programmes’ performance against plan, including explanations for any variances are set out elsewhere in this report. | Delivered for this year |
| 2.2 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 | Q4 | * A first stage list of prioritised guidelines has been prepared for discussion with the cross-agency Topic Prioritisation group on 6 May. We will then categorise into topic suites. Stage 3 will be to map the existing content of suites at the recommendation level to identify inconsistency, duplication and gaps. We will then prioritise topic areas to focus surveillance and updating. | Delivered |
| 2.3 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 | Q4 | * A review was undertaken to ensure existing quality standards (QS) remain suitable and accurate during the COVID-19 pandemic. * A review of methods and processes for developing and updating QS is complete. * We are exploring ongoing requirements for the quality standards programme. | Delivered |
| 2.4 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) | Q3/4  Q3 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 on Process ended on 15 April. * Consolidation and consideration of consultation comments is now underway. * The Board will be asked to approve the next consultation on the draft unified methods and process manual in July 2021. | Delivered for this year - on track to be published in Q3 2021/22 |
| 2.5 Implement the comment collection tool and roll out the EPPI-Reviewer tool to the guideline Collaborating Centres | Ongoing | Ongoing | * Further development of the comment consultation tool continued but has now been paused in line with revised priorities. | Delivered |
| 2.6 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 | Q2 | * New directorate established and Science, Evidence and Analytics Director started on 1 September 2020. | Delivered |
| 2.7 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 | Q4 2021/22 | * We agreed a two-year framework for delivering this work at the Jan 2021 Board meeting, including development of an interim approach in 2021/22. We are on track on this framework. * 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. * The Executive Team has approved an approach to incorporate open calls including working with industry as a mechanism to deliver selected strands of work on the methods and standards programme. | Objective changed in year. Work will continue in line with new approach in 2021/22 |
| 2.8 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 | Q2 | 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 (called the “Evidence Standards Framework for Digital Health Technologies”) was published on the NICE website on 23 April 2021. * The Office for Digital Health will lead development of an update to the Evidence Standards Framework specifically for AI health technologies. Project recruitment has started and a tender for an academic partner will be launched shortly. * 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. | Delivered |
| 2.9 Develop and embed new data and information management capability including establishing an integrated digital, information and technology directorate | Q2 | Q2 | * The Digital, Information and Technology (DIT) directorate was launched on 1 September. * Work to recruit new specialist roles to support NICE Connect and NICE strategic priorities continues (17 posts appointed since September). | Delivered |
| 2.10 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 | 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 was established in Q1 2021/22. | Delivered for this year |

| 3. Play an active, influential role in the national stewardship of the health and care system | Original delivery date | Delivery date | Progress update | End of year status |
| --- | --- | --- | --- | --- |
| 3.1 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 | Ongoing | * The Managing acute COVID-19 guideline was published in MAGICapp on 23 March. It is a living guideline, continually updated as new evidence emerges. * 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. | Delivered for this year |
| 3.2 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 | 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. * 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. CQC, SCIE, ADASS, LGA, Skills for Care, TLAP, CPA). | Delivered for this year |
| 3.3 Further develop the relationship with NHSE&I Specialised Commissioning in the areas of commercial and managed access, genomics and guidance and advice development | Ongoing | 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. | Delivered for this year |
| 3.4 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 | 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. * We have worked collaboratively with NHSE&I to develop a process to enable interim access for exceptional drugs that gained regulatory approval via the ‘Orbis’ regulatory process. | Delivered for this year |
| 3.5 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 | 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 NICE and NHSE&I project to develop and test models for the evaluation and purchase of antimicrobials is now in the product evaluation stage. Final scopes and study protocols for the two selected products have been published. | Delivered for this year |
| 3.6 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 | 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. | Delivered |

| 4. Support the UK’s ambition to enhance its position as a global life sciences destination | Original delivery date | Delivery date | Progress update | End of year status update |
| --- | --- | --- | --- | --- |
| 4.1 Develop technology appraisal guidance in line with the commitments in the 2019 Voluntary Scheme | Q4 | 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). | Delivered |
| 4.2 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 | 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. | Delivered for this year |
| 4.3 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 | Ongoing | * We are leading the development of a multi-agency advice service for AI health technologies (funded by NHSX), along with MHRA, HRA and CQC. * We are exploring with the MHRA a new innovative licensing and access pathway for medtech. * We have engaged in development of the AAC Innovation Service, to signpost innovators to relevant NICE services. * An interim statement on NICE Commercial and Managed Access activities is in development. * 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. * Work is planned with the marketing team to refresh how we present our integrated offer to the life science industry. | Delivered for this year |
| 4.4 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 | 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 Innovative Medicines Fund is progressing towards public engagement in Spring 2021. * NHSE&I funding for NICE’s expanded managed access function is confirmed for 2021/22 through to 2023/24. | Delivered |
| 4.5 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 | 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 agreed. * The discovery stage has been completed of 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. We have GDS approval to move to alpha stage. We procured an independent evaluation partner and are in the process of procuring a digital agency to help take the project through alpha and then on to beta. * A joint working programme on regulatory and access approaches for digital health technologies was established with NHSX and MHRA, including exploration of an innovative access pathway for medtech to focus on critical NHS needs. | Delivered for this year |
| 4.6 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 | Ongoing | * We continued to collaborate 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, in line with the living guideline approach. * Learning exchanges took place between the COVID-19 team and the Department of Health in the Philippines, facilitated by NICE International. * We presented a keynote talk at the Spanish Health Economics conference on the HTA of AI technologies, which will help them prepare their proposal for a Spanish version of NICE. * NICE International has worked on its 5-year strategic plan, to sit alongside and contribute to NICE 2021-2026 strategy. This will be presented to the Board in July 2021. * Preparations for the virtual HTAi 2021 conference continue. | Delivered for this year |

| 5. Generate and manage effectively the resources needed to maintain and transform our offer to the health and care system | Original delivery date | Delivery date | Progress update | End of year status |
| --- | --- | --- | --- | --- |
| 5.1 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 | Ongoing | * 48 colleagues have received Lean and Six Sigma Green Belt Essentials training since Nov 2020. The 48 colleagues are being supported to identify and implement continuous improvement projects within their work areas, via lean learning circles and informal mentoring from more experienced practitioners, plus a central Lean and Six Sigma toolkit with templates, guidance, and case studies. * A “Case for Change” for a Digital Workplace was submitted to the Board in April, with the full business case submitted in May. | Delivered for this year |
| 5.2 Deliver against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets | End of March 2021 | End of March 2021 | * Total net spend in 2020/21 was £49.7m, an underspend of £4.0m. * The underspend was mainly due to the deferral of the digital workplace programme, vacancies and savings on travel budgets across the year. * Income from technology appraisals and highly specialised technologies was impacted by the pandemic. Total income was £7.0m, in line with the reasonable worse-case scenario set out in our 2020/21 business plan * Other non-GIA income targets were achieved, including a £0.4m surplus for Scientific Advice. | Partially delivered |
| 5.3 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 | End of March 2021 | * The portfolio of H2020 and IMI projects aligned with our research interests is progressing to plan. * A new COVID-19 theme was developed as part of Horizon 2020 funded project ‘HTx’, to produce a best practice framework and conceptual model to aid the assessment of diagnostics and treatments for COVID. This work, with international agencies, such as ICER, CADTH, and PBAC, will inform NICE’s approach to future assessments of COVID treatments and diagnostics. * We continued working with researchers on topics related to measuring and valuing quality of life, including the development of a value set for the EQ-5D-5L instrument, measuring quality of life in children and a broader instrument that could inform quality of life in non-health interventions (the EQ health and wellbeing instrument). | Delivered |
| 5.4 Deliver scientific advice, including the offers in the context of COVID-19, and NICE International activities to target | End of March 2021 | End of March 2021 | * NICE Scientific Advice (including NICE International) successfully recovered all costs and made a full contribution to the NICE overheads. * The team initiated 77 advice projects within the financial year. Fourteen of these projects involved giving free advice on COVID-19 products. | Delivered |

| 6. Maintain a motivated, well-led and adaptable workforce | Original delivery date | Delivery date | Progress update | End of year status |
| --- | --- | --- | --- | --- |
| 6.1 Ensure that all staff have clear objectives supported by personal development plans | End of March 2021 | End of Q1 2020/21 | * Our refreshed appraisal approach ‘My Contribution’ was launched in April 2020. We added an additional requirement that all staff (a) have a conversation about how they have demonstrated our values and behaviours, and (b) agree an equality objective. Virtual training continues to be provided for staff and managers, and features support with the new ‘asks’. | Delivered |
| 6.2 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 | Ongoing | * Four pulse surveys were undertaken during 2020-21. We have also planned to launch our normal annual staff survey in May 2021. * The Health and Wellbeing group developed and delivered a health and wellbeing plan to provide a variety of support for staff in all areas of wellbeing. We ran a specific spring wellbeing campaign. * We introduced wellbeing check-ins for staff on a weekly basis via the mental health first aiders. | Delivered for this year |
| 6.3 Review our people processes to enable different ways of working as part of the NICE Connect transformation | Ongoing | Ongoing | * An interim organisational development action plan was developed to support NICE Connect and has been partially implemented. Some elements were reprioritised to the new financial year due to capacity and to align with the new 5-year strategy. * Guidance on matrix team / virtual working was published and lessons from rapid guideline production during the pandemic were published on NICE Space and the You Tube Channel. * We developed generic job descriptions for Change Lead roles and Business Change Manager roles. | Delivered for this year |
| 6.4 Implement the actions set out in the workforce strategy for 2020/21 | End of Q4 | End of Q4 | * We progressed work to embed our values in a range of workstreams including induction, appraisal and recruitment. All staff are required to discuss Values and Behaviours during their appraisal and we have a Values Champions scheme. We have prepared to launch a NICE Values Staff Recognition scheme in May 2021. * We offered virtual programmes to develop the confidence and capabilities of our staff and managers including a leadership apprenticeship programme, a line management programme and virtual mentor development days. * Some elements of the workforce strategy were reprioritised to the new financial year. | Partially delivered – work will continue in 2021/22 |
| 6.5 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 | 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 has been installed in the smaller meeting rooms, and the solution for the larger conference suites has been agreed with DHSC. | Delivered |
| 6.6 Begin a programme of improvements to the Manchester office to ensure best use of the space available | End of Q4 | End of Q4 | * The back reception refurbishment works, touch free automated security access door installation, and wi-fi coverage works are complete. * A new bicycle storage area opens in May 2021. * Subject to Government announcements, we will increase capacity in the Manchester office for staff who cannot work effectively from home from 17 May. Plans are to reopen the office fully with maximum occupancy from 1 July, subject to step 4 in the Government’s roadmap. * Main office refurbishment project has been postponed for a year to learn lessons from the layout of Redman Place in London. | Delivered |

Appendix 2: Actual versus planned programme outputs from April 2020 to March 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 3: Guidance development - variation against plan April 2020 to March 2021

The variation against the business plan is explained below:

|  |  |
| --- | --- |
| COVID-19 rapid guidelines | 3 additional topics published in 2020/21, which were not planned for this financial year:   * Reducing the risk of venous thromboembolism in over 16s with COVID-19. Published in November 2020 (Q3 2020/21). * Managing the long-term effects of COVID-19. Published in December 2020 (Q3 2020/21). * Managing COVID-19. Published in March 2021 (Q4 2020/21). |
| Clinical guidelines | 5 additional topics published in 2020/21, which were not planned for this financial year:   * Acute coronary syndromes. Published in November 2020 (Q3 2020/21). * Diabetes in children and young people. Published in December 2020 (Q3 2020/21). * Diabetes in Pregnancy. Published in December 2020 (Q3 2020/21). * Low back pain and sciatica in over 16s: assessment and management. Published in December 2020 (Q3 2020/21). * Caesarean birth. Published in March 2021 (Q4 2020/21). |
| Interventional procedures | 3 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. * 3 topics were not planned into the work programme because of committee capacity issues arising from the backlog of topics created when consultation and publication was paused during the financial year. |
| Medical technologies | No variation against plan 2020/21. |
| Public health | No variation against plan 2020/21. |
| Quality standards | No variation against plan 2020/21. |
| Diagnostics | No variation against plan 2020/21. |
| Technology appraisals and highly specialised technologies | 5 topics that were scheduled to publish in 2020/21 were unable to progress on their expected timelines because of ongoing commercial discussions. |
| Social Care | 1 additional topic published in 2020/21, which was not planned for this financial year as the planned output was revised due to COVID-19:   * Safeguarding adults in care homes. Committee recruitment paused in response to the COVID-19 pandemic. Published in March 2021 (Q4 2020/21). |
| Managing common infections | 3 additional topics published in 2020/21, which were not planned for this financial year as the planned output was revised due to COVID-19:   * Animal and human bites: antimicrobial prescribing. Published in November 2020 (Q3 2020/21). * Insect bites: antimicrobial prescribing. Published in September 2020 (Q2 2020/21). * Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing. Published in March 2021 (Q4 2020/21). |

Appendix 4: Guidance and advice published since the Board meeting in March 2021

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

| Product | Topic | Recommendation |
| --- | --- | --- |
| COVID-19 rapid guidelines | Managing COVID-19 | General guidance |
| Clinical guidelines | Caesarean birth | General guidance |
| Managing common infections | Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing | General guidance |
| Interventional procedures | Cytoreduction surgery with hyperthermic intraoperative peritoneal chemotherapy for peritoneal carcinomatosis | Special |
| Interventional procedures | Free-functioning gracilis transfer to restore upper limb function in brachial plexus injury | Standard |
| Interventional procedures | Extracorporeal whole liver perfusion for acute liver failure | Research |
| Interventional procedures | Transcervical ultrasound-guided radiofrequency ablation for symptomatic uterine fibroids | Special |
| Medical technologies | Alpha-Stim AID for anxiety disorders | Research recommendation |
| Medical technologies | Danis stent for acute oesophageal variceal bleeding | Case for adoption is fully supported |
| Diagnostics | QAngio XA 3D QFR and CAAS vFFR imaging software for assessing coronary stenosis during invasive coronary angiography | The guidance does not recommend either of the technologies included in the assessment for adoption. The guidance recommends further research. |
| Quality standards | Supporting adult carers | Quality improvement |
| Technology appraisals | Baricitinib for treating moderate to severe atopic dermatitis | Optimised |
| Technology appraisals | Lenalidomide maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma | Optimised |
| Technology appraisals | Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer | Optimised |
| Technology appraisals | Erenumab for preventing migraine | Optimised |
| Technology appraisals | Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease | Recommended |
| Technology appraisals | Selective internal radiation therapies for treating hepatocellular carcinoma | Optimised |
| Technology appraisals | Ribociclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy | Optimised |
| Technology appraisals | Blinatumomab for previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia | Terminated appraisal |
| Technology appraisals | Anakinra for treating Still’s disease | Optimised |
| Medtech innovation briefings | Butterfly iQ+ for diagnostic ultrasound imaging | Summary of best available evidence |
| Medtech innovation briefings | Sonata system for diagnostic imaging and treatment of symptomatic uterine fibroids | Summary of best available evidence |
| Guideline surveillance reviews | NG80 Asthma: Diagnosis, monitoring and chronic asthma management - Exceptional review | Summary of best available evidence |
| Guideline surveillance reviews | NG12 Suspected cancer: recognition and referral | Summary of best available evidence |
| Medicines advice products | MEC: New MHRA drug safety advice: December 2020 to February 2021 | Summary of best available evidence |
| Medicines advice products | PDA: Treating complications from mesh used for stress urinary incontinence | Summary of best available evidence |
| Medicines advice products | PDA: Treating complications from mesh used for pelvic organ prolapse | Summary of best available evidence |
| Shared learning | Implementation of placental growth factor (PlGF)-based testing to aid diagnosis of suspected pre-eclampsia at Lancashire Teaching Hospitals NHS Foundation Trust | Shared Learning example |
| Shared learning | COVID-19 vaccine hesitancy – debunking the myths using a community engagement approach underpinned by NICE guidance | Shared Learning example |
| Shared learning | Delivering Rehabilitation EnAblement in CHronic Heart Failure (REACH-HF) in Wirral | Shared Learning example |
| Shared learning | Project CARE: Supporting people with a positive diagnosis of COVID-19 and reaching out to those in vulnerable groups | Shared Learning example |
| Shared learning | Transforming Intermediate Care | Shared Learning example |

Key to recommendation types

Guidelines (clinical, social care and public health):

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. 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:

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:

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 March 2021

Guidance, standards, indicators and evidence

| Success criteria | | Planned output to year end (in draft business plan pre-COVID) | Forecast revised output due to COVID-19 (in business plan approved in May 2020) | 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 | 8 | 267% | | 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 | 1 | 100% | | Green |
| Publish guidelines: managing common infections | | 4 | 0 | Publication within stated year | 80% | | 0 | 3 | 100% | | Green |
| Publish guidelines: COVID-19 rapid guidelines | | 0 | 21 | Publication within stated year | 80% | | 21 | 24 | 114% | | Green |
| Publish technology appraisals and highly specialised technologies guidance | | 98 | Up to 70 | Publication within stated year | 80% | | Up to 70 | 65 | 93% | | Green |
| Publish interventional procedures guidance | | 33 | Up to 25 | Publication within stated quarter | 80% | | Up to 25 | 19 | 76% | | Amber (see note 1) |
| Publish diagnostics guidance | | Up to 11 | Range from 5 to 7 | Publication within stated quarter | 80% | | Range from 5 to 7 | 5 | 100% | | Green |
| Publish medical technologies guidance | | Up to 14 | Range from 5 to 10 | Publication within stated year | 80% | | Range from 5 to 10 | 10 | 100% | | Green |
| Publish medtech innovation briefings (MIBs) | | Up to 46 | Range from 20 to 30 | Publication within stated year | 80% | | Range from 20 to 30 | 45 | 150% | | Green |
| Deliver commercial briefing notes for NHSE&I to support discussions with companies | | Up to 60 | Up to 40 | Delivery within stated year | 80% | | Up to 40 | 56 | 140% | | Green |
| Advise on ‘Patient Access Schemes’ | | Up to 55 | Up to 37 | Delivery within stated year | 80% | | Up to 37 | 39 | 105% | | Green |
| Deliver new data collection agreements | | Up to 22 | Up to 15 | Delivery within stated year | 80% | | Up to 11 | 10 | 91% | | Green |
| Complete data collection projects and associated managed access agreement exits | | Up to 12 | Up to 12 | Delivery within stated year | 80% | | Up to 9 | 9 | 100% | | Green |
| Actively monitor existing data collection projects | | Up to 52 | Up to 52 | Delivery within stated year | 80% | | Up to 52 | 40 | 77% | | Amber (see note 2) |
| 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% | | Up to 1 | 1 | 100% | | Green |
| Publish guideline surveillance reviews | | 20 | Up to 20 | Publication within stated year | 80% | | Up to 20 | 21 | 105% | | Green |
| Deliver evidence summaries – antimicrobial prescribing | | Up to 4 | Up to 4 | Publication within stated year | 75% | | Up to 4 | 3 | 75% | | 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% | 3 | | 11 | 367% | Green | |
| Deliver quality standards | 16 | | 8 | Publication within stated quarter | 80% | 8 | | 8 | 100% | 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% | 20 | | 21 | 105% | Green | |
| Deliver shared learning examples | 50 | | 25 | Publication within stated quarter | 80% | 25 | | 45 | 180% | Green | |
| Publish monthly updates of the BNF and BNF C content | 12 | | 12 | Publication within stated quarter | 80% | 12 | | 12 | 100% | Green | |
| Deliver a regular medicine awareness service | 50 | | 50 | Publication to regular schedule | 90% | 50 | | 50 | 100% | Green | |
| Deliver medicines advice products | 10 | | 10 | Publication within stated quarter | 80% | 10 | | 12 | 120% | Green | |
| Develop ‘rapid action plans’ in context of RAPID-C19 | 0 | | Up to 15 | Develop within stated year | 80% | Up to 15 | | 62 | 413% | Green | |

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% | 98% | Green |
| Coverage of NICE in the media | % of positive coverage of NICE in the media resulting from active programme of media relations | 80% | 78% | Amber (see note 3) |
| Ensuring stakeholders have access to our websites as the main communication channel | Percentage of planned availability, not including scheduled out of hours maintenance | 98% | 99.98% | 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 2020-21 was £53.4m.  Net spend in 2020-21 was £49.7m. This was a net under spend of £3.7m (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 for 2020-21 was to receive £13.6m from non-exchequer sources.  The income recognised in 2020-21 was £10.3m, which is £3.3m (32%) lower than target. This deficit is primarily related to lower income from TA/HST fees than target. | Amber (see note 4) |
| Management of recruitment | Proportion of posts appointed to within 4 months of first advertisement | 80% | 81% | 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% | 1.74% | 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% | 94% | Amber (see note 5) |
| Improved satisfaction | Parliamentary Questions (PQs) contribution provided within requested time frame | 90% | 92% | Green |
| Interest in lay committee vacancies reflected by ratio of applications to positions | 2:1 (or greater) each quarter | 100% | 6.4:1 | Green |
| Speed of production (see note 6) | % 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%  3 out of 3 topic met the target – 4 topics covered by SOP caveats | Green |
| Speed of production (see note 7) | % 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  1 topic covered by SOP caveats | 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) |

Notes:

1. 3 delayed interventional procedures guidance topics: Melphalan chemosaturation with percutaneous hepatic artery perfusion and hepatic vein isolation for primary or metastatic liver cancer, High tibial osteotomy with adjustable magnetic nail insertion for symptomatic medial knee osteoarthritis and Repetitive short pulse transscleral cyclophotocoagulation for glaucoma. 3 topics were not planned into the work programme because of committee capacity issues arising from the backlog of topics created when consultation and publication was paused during the financial year.
2. In line with the reduced number of guidance publications during 2020/21, fewer topics have been recommended for managed access. In addition, during 2020/21 NICE Commercial and Managed Access function has engaged early with companies and NHSE&I to identify topics which might require new commercial flexibilities to support an assessment of cost-effectiveness. At the same time the NHSE&I Commercial Framework has created opportunities for new commercial flexibilities which have previously only been available via a managed access agreement between NHSE&I and companies.
3. Some negative media coverage was received, relating to antipsychotic medicines, campaigns to widen access to Kuvan for PKU, and abiraterone for prostate cancer.
4. The income target for TA/HST in 2020-21 was £10.7m, with £7m 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) overachieved target by £0.4m, mainly due to better performance in NICE Scientific Advice.
5. We responded to 7 FOIs outside of the statutory time limit. In each case, the delay in obtaining necessary technical information was a factor. 1 case was also particularly complex and required input from multiple colleagues and legal advice. The impact of the COVID-19 pandemic also played a part due to availability of colleagues and prioritisation of workload. Note that the Information Commissioner took a pragmatic approach to delays, recognising that the pandemic might have an impact on compliance with the time limits.
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.
7. The following caveats are taken into account when measuring performance:

* 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)

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

* 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’)

RAG status: 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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May 2021