National Institute for Health and Care Excellence

Chief Executive's report

This report provides information on the outputs from our main programmes for the 7 months to the end of October 2020 together with comment on other matters of interest to the Board.

The Board is asked to review the report.

Professor Gill Leng

Chief Executive

November 2020

Introduction

This report sets out the performance of the Institute against our business plan objectives and other priorities for the 7 months to the end of October 2020. The report notes the guidance published since the last public Board meeting in September and refers to business issues not covered elsewhere on the Board agenda.

Over the last 2 months we have continued to support the wider system to address the impact of the COVID pandemic. Of particular note is a new commission to develop a rapid guideline on ‘Long COVID’, covering ongoing symptoms after the initial acute infection. This is being developed in conjunction with SIGN (Scottish Intercollegiate Guidelines Network) to create a resource for the whole of the UK, and with the Royal College of General Practitioners. We also continue to lead on supporting the RAPID-C19 oversight group, a multi-agency approach that enables safe and timely patient access to medicines showing benefit in treating COVID-19 patients.

Alongside this additional work on COVID, the organisation is delivering business as usual, engaging in the NICE Connect transformation and contributing to the development of a new 5 year strategic plan. We have launched a significant new consultation on the methods for technology assessment, supported the work of the Accelerated Access Collaborative and initiated business planning for 2021/21. It is therefore an extremely busy time, with the majority of staff working remotely. We are employing a range of ways to keep in touch and provide the necessary support for employees.

In September we reported a forecast deficit of £0.1m. This was based on the financial position and uncertainties as at the end of July (4 months). Following a mid-year forecast review we now expect the forecast outturn to be an under spend of £1.3m in 2020/21. We are anticipating information about the Spending Review decisions for next year at the end of this month.

Performance

The current position against the objectives in our 2020/21 business plan is set out in Appendix 1. This is largely being delivered as planned, and further detail on these areas of work are given in the director reports.

The performance of the main programmes between April 2020 and October 2020 is set out in Chart 1. This shows that most guidance outputs were delivered as planned. Appendix 2 has more information on the variation to plan.

Figure 1: Main programme outputs: April 2020 to October 2020

Notes to Figure 1:

HST refers to the highly specialised technologies programme (drugs for very rare conditions)

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

Guidance surveillance reviews provide the basis for decisions about whether to update current NICE guidance

The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance

‘Additional’ topics are either those which should have published in the previous financial year, or that have been added since the publication of the business plan

Details of the variance against plan are set out at Appendix 2. Guidance, quality standards and other advice published since the last Board meeting in September is set out in Appendix 3. The balanced scorecard showing performance against the measures in the business plan at the end of September 2020 (Q2) is set out in Appendix 4.

Notable issues and developments

Response to coroners’ reports

Since the last Board meeting, NICE has responded to two Coroner’s reports.

The first report recommended that the information in the British National Formulary (BNF) regarding lamotrigine should be updated to mention possible risks of self-harm, and suicidal thoughts and behaviour. We shared the Coroner’s report with the BNF publishers who confirmed this would be addressed. In addition, we will look at the Coroner's concerns as part of the current update of our guideline on epilepsies: diagnosis and management (CG137) including whether to move the footnote about the small risk of suicidal thoughts and behaviour arising from treatment with anti-epileptic drugs into the body of the relevant recommendation.

The second report raised concerns about awareness of aortic dissection and implementation of existing recommendations on this topic, including those from the Healthcare Safety Investigation Branch. Our response noted that our relevant guideline (CG95 - recent-onset chest pain of suspected cardiac origin: assessment and diagnosis) underwent surveillance in 2019, which confirmed the guideline contained appropriate level of detail on the diagnosis of aortic dissection (or acute aortic syndrome). Our response noted that we will raise awareness of this topic in our engagement with relevant partners.

Appendix 1: Business objectives for 2020/21 - progress update

| Transform the presentation, accessibility and utility of NICE guidance and advice, ensuring it is fully aligned to the needs of our users to support adoption | Delivery date | Progress update |
| --- | --- | --- |
| Delivery of internal efficiency improvements as part of NICE Connect | Ongoing | * A project brief has been approved for NICE wide consultation processes. A project team has been appointed and work is underway with phases 1 & 2 aiming to be completed by March 2021. * Collaborative working experiences have been captured and will be published shortly. Guidance for effective matrix management has been published. |
| 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 | * Brief for the discovery is being developed for consideration. The work itself is planned for Q3/4 as a secondary priority and dependent on commitment of resource to live services. |
| Undertake a Citeable Publications feasibility study and roll out in conjunction with NIHR as part of NICE Connect | Q3 20/21 | * Meeting arranged for 23 November between NICE and Wessex Institute at University of Southampton teams to agree scope. |
| Introduce one external registration point for stakeholder information on the website following an internal process review | Ongoing | * Work is underway to scope and design a central place for stakeholder registration on the NICE website. This work is also being considered for inclusion in a larger more strategic consideration of the NICE website. The internal process review is being scoped through the Data Management Expert Group. |
| 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 | * Endorsement process streamlined to support COVID-19 rapid guidance. * Shared learning examples shortlisted for virtual shared learning awards to be held in autumn 2020. * Resource impact tools published 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. Planned changes to the governance of digital and IT activities will enable improved prioritisation of live service and strategic work and are being scoped at present. |
| 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 | * Planning has begun on the next biennial NICE reputation research project which is scheduled for completion in Q1 of 2021. * The results of the implementation study presented to the Board in September will feed into the Board's Implementation deep dive in December. |
| Deliver multi-channel marketing activities for major initiatives through the newly established brand and marketing team | Ongoing | * Marketing plans are being developed for NICE Scientific Advice and NICE International. A new social care marketing plan is being developed in line with development of the new strategic priorities for NICE. * The Chief Executive’s Update mailing continues to perform well. September's topic was the organisational strategy development and October's was patient safety. Total number of subscribers is 41,832. |
| Develop and implement a new social media strategy to ensure use of the most effective channels to reach and engage with our key audiences | Q2 and ongoing | * Work to date on a social media strategy will be folded into development of a communications and marketing strategy designed 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 | * Maintenance of these live services is delivered in line with agreed priorities. * All the NICE Evidence Services microsites have been audited for accessibility; new accessible versions of the CKS and Evidence search sites have been released which address the findings from the accessibility audits and all sites now have relevant accessibility statements in line with the EU directive. |

| Transform the development of NICE guidance and advice in line with the learning from the COVID-19 response so the process is efficient, integrated, and takes advantage of new technologies including artificial intelligence | Delivery date | Progress update |
| --- | --- | --- |
| Deliver guidance, standards, indicators and evidence products and services, in accordance with the planned volumes and requirements of the COVID-19 pandemic | Ongoing | * Details of the main programmes’ performance against plan, including explanations for any variances are set out elsewhere in this report. |
| Review the current and planned guidelines portfolio, in conjunction with NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care, with a view to consolidating on key areas and topics, in the context of NICE Connect and the COVID-19 pandemic | Q4 | * Meeting being scheduled for November with Department of Health and Social Care and NHS England. This meeting will be a transition to clarify ways of working and agree high, medium and low priorities. |
| Complete a review of the quality standards programme to establish its future direction based on stakeholder need and their positioning and presentation, in the context of NICE Connect | Q4 | * Review undertaken to ensure existing quality standards remain suitable and accurate during the COVID-19 pandemic. * Review of methods and processes for developing and updating quality standards is in progress. * Work on establishing stakeholder need and clear positioning of quality standards in wider quality improvement landscape is in progress. |
| Complete a review of technology evaluation processes and methods, consult on changes and publish updated manuals and implement changes early, on an interim basis, where they allow for faster recovery from COVID-19 | Q3/4  Q2 2021/22 (for publishing updated manual) | * Review is in progress. * Topic selection processes for health technologies public consultation closes 19 November. * Methods review public consultation commenced on 6 November. * Process review public consultation is anticipated to commence in February 2021. |
| Implement the comment collection tool and roll out the EPPI-Reviewer tool to the guideline Collaborating Centres | Ongoing | * Roll out of EPPI completed with collaborating centres. * User research has commenced to shape the next stages of comment collection to enable organisation-wide feedback as opposed to single individual comments. |
| 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. |
| 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 data and analytics team has prioritised its response to COVID-19 while recruiting additional staff to take forward the comprehensive standards and methods programme to utilise broader sources of data and evidence. * Ahead of the commencement of NICE's comprehensive data and analytics methods and standards programme, the team published an interim approach to assessing the quality of data and analyses used to inform NICE’s COVID-19 response in Q1. * The team will bring the full programme outline and implementation plan to the January Board. |
| 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 | * A report on the pilot will be considered by the NICE Board at its November meeting. An update to the Evidence for Effectiveness Standards is planned for publication in December 2020. MTG guidance for Zio XT for detecting cardiac arrhythmias, one of the digital pilot topics, is expected to be published in December 2020. |
| 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 is underway. This will also reduce dependency on third party suppliers in our IT provision. |
| 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 is involved in the ongoing identification of priorities for NICE Connect, the wider NICE Strategy and needs for our live service provision. A new Technology Governance Board to support a strategic digital and technology roadmap and prioritisation with the wider business is being established. This will also simplify the existing governance arrangement involving multiple service groups and support our approvals process with NHSX and the Government Digital Service (GDS). |

| Play an active, influential role in the national stewardship of the health and care system | Delivery date | Progress update |
| --- | --- | --- |
| Support the wider health and care system by producing and maintaining guidelines and other products relevant to the management of COVID-19, and to actively participate in the multi-agency initiative with the MHRA, NHSE&I and NIHR to support the transition from research to access for promising treatments | Ongoing | * The migration and hosting of NHS England and Improvement COVID specialty guides is expected in October. The number of guides is 21. * Two new referrals for rapid COVID-19 guidelines have been received from NHS England and Improvement: post-COVID syndrome (long COVID) and prevention of thromboembolism. The new referrals are being developed by the COVID-19 team in Centre for Guidelines. Both are expected to be published by the end of November. * We are looking at the list of practices implemented by the NHS in response to COVID-19 and identified by the Beneficial Changes Network as signals to consider reviews of extant NICE guidelines. * Stakeholders asked to feedback during consultation on non-COVID guidelines any issues relating to COVID-19 that should be taken into consideration when finalising each guideline for publication. The potential impact of COVID-19 on each guideline is being assessed. * The Research to Access Pathway for Investigational Drugs for COVID-19 (RAPID-C19) has been recognised as a critical part of the DHSC Therapeutics Taskforce's ongoing response to COVID-19 and is now participating in the newly established Therapeutics Taskforce programme board. The RAPID-C19 oversight group continues to meet weekly. To date, access to 3 drugs has been facilitated, 37 technologies are in active monitoring and further technologies are being investigated. * NICE Scientific Advice did two free advice engagements in September and October for COVID-19 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 | * Engagement plans refocused on supporting system with restart plans and move to phase 3. This has included engagement with Adult Social Care Taskforce, CQC, with regards to the emergency support framework and supporting restart plans at a regional level. * Work undertaken to review who we believe our key strategic partners are and ensure future plans remain relevant to the current context. * Agenda for NHSE/I oversight meeting in Q3 agreed with items including long term plan, new NHS structures, public health role and non-COVID priorities. * 6 weekly meeting in place with new DHSC Adult social care team to align priorities and support system. |
| 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 on the implementation of the commercial medicines framework continues. * NHSE/I's consultation on the process for updating the genomic test directory is live and ends on 17 November. References to interaction with the diagnostic assessment and technology appraisal programmes are included. A NICE response has been developed. * We continue to work with the Genomic Medicines Service (GMS) to explore how NICE products can inform their commissioning decisions. |
| 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 | * Plans are being put in place to develop future regulatory arrangements in response to the UK leaving the EU, led by the MHRA with NICE as key partner. |
| 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 | * An exceptional review of the NICE guideline on urinary incontinence and pelvic organ prolapse in women (NG123) is underway to be completed by the end of December. We are considering whether further changes are required to any guideline recommendations related to sodium valproate. * We continue to build a close working relationship with the Genomic Medicines Service, including by considering drafts of the process for updating of the test directory. * NICE and NHSE&I project to develop and test models for the evaluation and purchase of antimicrobials is at an advanced stage of the procurement process to select 2 antimicrobial products for the project. Resources have been identified for the NICE-led HTA phase and recruiting the special committee required for the project is progressing. |
| Renew the national framework for content procurement for the NHS (Q3) and put in place a new contract for access to the Cochrane Library in England (Q1) | Q3 and Q1 | * Successfully negotiated a new three-year deal for national access to the Cochrane Library for England commencing from May 2020. * Supported Health Education England (HEE) in their tender process evaluating responses for a national resource discovery service which aims to meet the evidence search needs for the majority of health professionals in England. * Continued to develop the specification and tender documentation in preparation to renew the national framework for content procurement, working with stakeholders from Health Education England and NHS Library Leads from Wales, Scotland and Northern Ireland. |
| Support the UK’s ambition to enhance its position as a global life sciences destination | Delivery date | Progress update |
| Develop technology appraisal guidance in line with the commitments in the 2019 Voluntary Scheme | Q4 | * 90% of the Technology Appraisals topics paused due to COVID-19 have now been restarted or rescheduled, with 60% expected to publish in 2020/21. All new active substances and significant licence extensions of existing medicines are being routed to the technology appraisal or highly specialised technologies programmes. |
| 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 | * Work for the AAC has recommenced, while we continue to deliver RAPID-C19 as part of our secretariat commitment for the AAC. * NICE teams are continuing to contribute to ongoing work in key AAC focus areas including; integrated system horizon scanning, ATMP and Histology Independent system access activities (system mapping, RWE and data infrastructure), Strategic Metrics development, AAC Innovation Service, AI Award and RUPs uptake. |
| Maintain and develop a fully integrated offer to the life sciences industry, including topic selection, guidance development, commercial and managed access activities, and NICE Scientific Advice | Ongoing | * Work is ongoing to evolve the NICE Office for Market Access offering in the light of ongoing developments in the medicines access landscape including the NHSE & I Commercial Framework, the MHRA Innovative Licensing and Access Pathway. * An interim statement on NICE Commercial and Managed Access activities is in development; this will complement the NHSE&I Commercial Framework when published. * Work is underway to develop a governance framework to allow data sharing between the managed access team, the Office for Market Access and NICE Scientific Advice for products that are selected for the Innovative Licensing and Access Pathway. * Teams across NICE have been engaged in the development of the AAC Innovation Service, which will be built out of HealthTech Connect and will signpost innovators to relevant NICE services. * NICE is supporting the AAC AI in Health and Care Award through an integrated offer involving scientific advice, data and analytics, topic selection and guidance production teams. * NICE is leading the development of a multi-agency advice service for AI health technologies (funded by NHSx), along with partners MHRA, HRA and CQC. |
| Work with NHSE&I and DHSC on plans for the creation of an innovative medicines fund that extends opportunities for managed access beyond cancer, secure additional funding to support NICE’s contribution, recruit staff and implement changes to business as usual processes | Q4 | * Work continues with NHSE&I on the development of the innovative medicines fund. |
| Enhance collaboration with system partners, including NHSx and the MHRA on activities supporting future regulatory and health technology assessment offers for medicines, medical technologies, diagnostics and digital/AI health technologies, including the use of real-world evidence pre- and post-licence and the provision of early scientific advice, incorporating learning from the joint response to COVID-19 | Ongoing | * RAPID-C19 process implemented in collaboration with MHRA, NICE and NHSE&I to fast-track access to COVID-19 medicines. * Strong progress has been made through the MHRA and NICE Core Strategic Group on an innovative licensing and access pathway for use following the UK/EU transition period. * 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 started in July. * Multi-agency advisory service for AI technologies established with support from NHSX. |
| 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 continue to engage in collaborative opportunities coordinated by the World Health Organisation (the Evidence Collaborative for COVID-19 [ECC-19]), the Cochrane Collaboration and the International Network of Agencies for Health Technology Assessment (INAHTA), the COVID-19 Evidence Network to support Decision-Making (COVID-END) hosted by McMaster University, a new collaboration initiated by NICE between the Canadian Agency for Drugs and Technologies in Health (CADTH), and the European Network for Heath Technology Assessment (EUnetHTA). * We presented in a webinar on rapid COVID guideline development organised as part of the Guidelines International Network (G-I-N) annual meeting on 30 September. Further international collaboration is being explored with McMaster University. * We are supervising an internship student from Harvard University who is conducting, in collaboration with a team from McMaster University (via COVID-END), a comparative review assessing the quality and recommendations of critical care and pneumonia COVID-19 guidelines published internationally. * Preparations for the HTAi 2021 conference in Manchester continue, with staff involved in both the Local Organising Committee (LOC) and the International Scientific Programme Committee (ISPC). |

| Generate and manage effectively the resources needed to maintain and transform our offer to the health and care system | Delivery date | Progress update |
| --- | --- | --- |
| Review our business processes and roll-out new tools to improve our operational productivity to enable us to do more with our resources as part of the NICE Connect transformation | Ongoing | * Formal Lean Six Sigma training, a quality improvement methodology to improve efficiency, will be delivered in November. This comprises a weeklong 'Green Belt' course for 16 staff who are working on operational productivity projects, and an overview session for senior leaders. The course is being delivered by Professor Anthony Bendell. * The business case for Microsoft 365 is being refined following presentation to the Board in September. The revised plan is scheduled to be presented at the December Board meeting. |
| Deliver against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets | End of March 2021 | * After 6 months the budget was under spent by £1.4m (5%). * Income from technology appraisals and highly specialised technologies is below target due to the impact of COVID-19, but this has been offset by vacancies and no spend on travel. * Other non-GIA income targets have been achieved in the first 6 months, including a £0.2m 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 H2020 and IMI projects aligned with NICE’s research interests progressing to plan with virtual engagement with collaborating partners going well. |
| 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 60 different projects since the start of the financial year. Eleven of these projects have involved giving free advice on COVID-19 products. * NICE International has developed its first annual review since its relaunch in November 2019. This will be published on the NICE website. |
| Maintain a motivated, well-led and adaptable workforce | Delivery date | Progress update |
| Ensure that all staff have clear objectives supported by personal development plans | End of Q1 | * Our refreshed appraisals approach “Appraisal: My Contribution” has been successfully launched, with virtual training available for staff and managers, which has been well-attended. We are now seeking feedback on the new approach and making adjustments as needed. |
| Actively manage staff engagement and morale in the context of the COVID-19 pandemic and the NICE Connect transformation, with the objective of ensuring that staff feel supported and able to work remotely when required | Ongoing | * Our Health and Wellbeing Group continues to meet regularly. We are producing resources and support for staff and managers to help everyone to work as effectively as possible from home. * In September we ran our first virtual Healthy Work Week, which was well attended and there is appetite for more events like this. * Our fourth pulse survey was conducted in September, which shows that 81% of staff feel that working from home is going "very well" or "fairly well". However, staff also remarked on workload, wellbeing and resilience, which will be addressed through a range of channels including SMT, CRG and Health and Wellbeing Group in the coming weeks. |
| Review our people processes to enable different ways of working as part of the NICE Connect transformation | Ongoing | * We have been learning from COVID-19 experience and have released resources to help managers and staff to understand virtual team/matrix team working. * We have started a programme of work to standardise job descriptions, which will allow for a more flexible workforce in the future. * We have developed an interim organisational development action plan to support NICE Connect. * We are investigating opportunities to continue to work flexibly post-COVID, which may include joint base contracts. |
| Implement the actions set out in the workforce strategy for 2020/21 | End of Q4 | * We have now launched our values and behaviours, and our focus is now to embed them in a range of workstreams including induction, appraisal and recruitment. * We continue to deliver training (both in-house and outsourced) virtually. |
| Plan and deliver the move to the new London office, including transforming NICE’s IT arrangements to fit the multi-tenant site and adjusting working arrangements across the whole NICE workforce accordingly | End of Q4 | * The date for the opening of the Stratford office is still expected to be January 2021. Some issues have been identified with the configuration of the main equipment room (server room) but remedial action is being planned. * A final report on COVID-19 Secure operations shows changes in the placement of desks and the use of screens means the number of desks available could be increased significantly, even within the 2m Social Distancing rules. * The development of the shared IT solutions has continued, and the high-level design for the shared infrastructure has been signed off. * The office has been handed over to DHSC on 2nd November for fit-out. |
| Begin a programme of improvements to the Manchester office to ensure best use of the space available | End of Q4 | * The Manchester office re-opened on 8 October as a phased return. However, as a result of the second lockdown we are closing the office. The office will be open one day a week for essential maintenance and IT roll out and other staff will be supported to work in the office on that day. |

Appendix 2: Guidance development - variation against plan April 2020 to October 2020

The variation against the business plan is explained below:

|  |  |
| --- | --- |
| COVID-19 rapid guidelines | No variation against plan 2020/21. |
| Clinical guidelines | No variation against plan 2020/21. |
| Interventional procedures | 1 topic delayed:   * Swallowable gastric balloon capsule for weight loss: Resolution request received. Guidance publication on hold. |
| 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 | 1 topic published earlier than planned:   * Testing strategies for Lynch syndrome in people with endometrial cancer: Published in October 2020 (Q3 2020/21). |
| Technology appraisals and highly specialised technologies | No variation against plan 2020/21. |
| Social Care | No variation against plan 2020/21. |
| Managing common infections | 1 topic was delayed:   * Animal and human bites: Delayed due to COVID-19 restrictions. Published in November (Q3 2020/21). |

Appendix 3: Guidance and advice published since the Board meeting in September 2020

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

| Product | Topic | Recommendation |
| --- | --- | --- |
| COVID-19 rapid guidelines | Dialysis service delivery | General guidance |
| COVID-19 rapid guidelines | Critical care in adults | General guidance |
| COVID-19 rapid guidelines | Cystic fibrosis | General guidance |
| COVID-19 rapid guidelines | Antibiotics for pneumonia in adults in hospital | General guidance |
| Clinical guidelines | No publications | Not applicable |
| Public health | Behaviour change: digital and mobile health interventions | General guidance |
| Managing common infections | Insect bites and stings: antimicrobial prescribing | General guidance |
| Social care | No publications | Not applicable |
| Interventional procedures | Transcranial magnetic stimulation for auditory hallucinations | Research |
| Interventional procedures | Pressurised intraperitoneal aerosol chemotherapy for peritoneal carcinomatosis | Research |
| Interventional procedures | Balloon cryoablation for Barrett’s oesophagus | Research |
| Interventional procedures | Balloon cryoablation for squamous dysplasia of the oesophagus | Research |
| Medical technologies | Axonics sacral neuromodulation system for treating refractory overactive bladder | Case for adoption is fully supported |
| Medical technologies | SEM Scanner 200 for preventing pressure ulcers | Research recommendation |
| Diagnostics | Implantable cardiac monitors to detect atrial fibrillation after cryptogenic stroke | Reveal LINQ is recommended as an option. BioMonitor 2‑AF (or its successor device BIOMONITOR III) or Confirm Rx are not recommended. Further research is needed for these technologies. |
| Diagnostics | Testing strategies for Lynch syndrome in people with endometrial cancer | The guidance recommends offering lynch syndrome testing to people who are diagnosed with endometrial cancer. |
| Quality standards | Heavy menstrual bleeding | Quality improvement |
| Indicators | Menu of indicators | Quality improvement |
| Technology appraisals | Eculizumab for treating relapsing neuromyelitis optica | Terminated guidance |
| Technology appraisals | Glasdegib with chemotherapy for untreated acute myeloid leukaemia | Terminated guidance |
| Technology appraisals | Avelumab with axitinib for untreated advanced renal cell carcinoma | Recommended within CDF |
| Technology appraisals | Dupilumab for treating chronic rhinosinusitis with nasal polyps | Terminated guidance |
| Technology appraisals | Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma | Recommended |
| Technology appraisals | Naldemedine for treating opioid-induced constipation | Recommended |
| Technology appraisals | Pembrolizumab with axitinib for untreated advanced renal cell carcinoma | Not recommended |
| Technology appraisals | Alpelisib with fulvestrant for treating hormone-receptor positive, HER2-negative, PIK3CA-positive advanced breast cancer | Terminated guidance |
| Technology appraisals | Osimertinib for untreated EGFR mutation-positive non-small-cell lung cancer | Optimised |
| Technology appraisals | Osimertinib for treating EGFR T790M mutation-positive advanced non-small-cell lung cancer | Optimised |
| Technology appraisals | Nivolumab for advanced squamous non-small-cell lung cancer after chemotherapy | Optimised |
| Highly specialised technologies | Volanesorsen for treating familial chylomicronaemia syndrome | Recommended |
| Medtech innovation briefings | Helge for detecting haemolysis | Summary of best available evidence |
| Medtech innovation briefings | Synergo for non-muscle-invasive bladder cancer | Summary of best available evidence |
| Medtech innovation briefings | t:slim X2 insulin pump for managing blood glucose levels in type 1 diabetes | Summary of best available evidence |
| Medtech innovation briefings | Novii Wireless Patch System for maternal and fetal monitoring | Summary of best available evidence |
| Medtech innovation briefings | AnaConDa-S for sedation with volatile anaesthetics in intensive care | Summary of best available evidence |
| Medtech innovation briefings | Tegaderm CHG securement dressing for vascular access sites | Summary of best available evidence |
| Medtech innovation briefings | 3C Patch System for treating diabetic foot ulcers | Summary of best available evidence |
| Medtech innovation briefings | KardiaMobile for the ambulatory detection of atrial fibrillation | Summary of best available evidence |
| Guidance surveillance reviews | CG54 UTI in under 16s: diagnosis and management | Partial update |
| Guidance surveillance reviews | NG50 Cirrhosis in over 16s: assessment and management | Partial update |
| Guidance surveillance reviews | NG92 Stop smoking interventions and services – exceptional review | Partial update |
| Medicines advice products | New MHRA drug safety advice: June to August 2020 | Summary of best available evidence |
| Medicines advice products | Vitamin D supplementation for preventing intensive care admissions in people with COVID-19 associated pneumonia | Summary of best available evidence |
| Medicines advice products | Vitamin D levels and severity of COVID-19 illness | Summary of best available evidence |
| Evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | Gonadotrophin Releasing Hormone analogues for the treatment of children and adolescents who have gender dysphoria | Summary of best available evidence |
| Evidence reviews for NHSE&I specialised commissioning (including COVID-19 rapid evidence summaries) | Gender-affirming hormone treatment for children and adolescents who have gender dysphoria | Summary of best available evidence |
| Antimicrobial evidence summaries | Recarbrio (imipenem, cilastatin and relebactam) for the treatment of infections due to aerobic Gram-negative organisms | Summary of best available evidence |
| Shared learning | Developing and implementing guidance for staff delegating clinical tasks to informal carers and relatives during the COVID-19 pandemic | Shared Learning example |
| Shared learning | A risk-stratified approach to planned cancer care during the COVID-19 pandemic: the Royal Marsden experience | Shared Learning example |
| Shared learning | Delivering a paediatric elective surgery service during the COVID-19 pandemic | Shared Learning example |
| Shared learning | Help to Care Mobile App: Supporting care workers and carers to identify and prevent deterioration | Shared Learning example |
| Shared learning | Virtual care coordination for people diagnosed with intellectual disability and comorbidities: improving patient safety and health care outcomes | Shared Learning example |
| Endorsement statements | Dialysis Decision Aid | Uptake of NICE guidance and standards |
| Endorsement statements | E242 – Stopping antidepressants | Uptake of NICE guidance and standards |
| Endorsement statements | E246 – A dialysis and conservative care decision aid: living with kidney disease | Uptake of NICE guidance and standards |

Key to recommendation types

Guidelines (clinical, social care and public health):

General guidance: NICE guidelines each cover a range of practice and interventions, with recommendations ranging from ‘must do’ (where compliance with legislation is required) and ‘should do’ (where there is strong evidence of effectiveness), to ‘don’t do’, where compelling evidence that an intervention is ineffective or harmful has been identified.

Interventional Procedures:

Interventional procedures offer advice about the safety and effectiveness of surgical techniques and some other kinds of procedures. Advice normally relates to the kind of consent (normal or special) required from patients before the procedure is undertaken, but in a small number of cases, where major safety concerns have been identified, a ‘do not use’ recommendation is made.

Medical technologies:

Guidance on new medical technologies (medical devices) is normally framed in terms of whether or not the case for use in the NHS has been successfully made by the manufacturer.

Diagnostics guidance:

New diagnostic techniques are recommended or not recommended for routine use in the NHS, or sometimes for research.

Management of common infections:

These guidelines help the NHS make the best use of antibiotics, as part of the broader antimicrobial stewardship effort.

Quality standards:

The statements in our Quality Standards identify important aspects of practice in which there is significant variation across the NHS.

Indicators:

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

Technology appraisals and highly specialised technologies:

This guidance can ‘recommend’ the use of a new drug or other treatment, ‘optimised use’, in which the recommendation is positive for some but not all uses, or ‘not recommend’ routine use in the NHS. Research only use is also sometimes recommended. Positive recommendations are subject to a legal funding requirement.

Evidence summaries and medtech innovation briefings:

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

Surveillance reviews:

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

Shared learning examples:

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

Endorsement statements:

Tools to support the uptake of NICE guidance and standards.

Appendix 4: Balanced scorecard April 2020 to September 2020

Guidance, standards, indicators and evidence

| Success criteria | | Planned output to year end | Forecast revised output due to COVID-19 | Key measures | Target (against forecast revised output) | | Planned YTD (revised output) | Actual  YTD | Cumulative performance | | RAG status |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Publish guidelines: clinical areas | | 13 | 3 | Publication within stated year | 80% | | 1 | 1 | 100% | | Green |
| Publish guidelines: public health | | 2 | 1 | Publication within stated year | 80% | | 0 | 0 | 100% | | Green |
| Publish guidelines: social care | | 1 | 0 | Publication within stated year | 80% | | 0 | 0 | 100% | | Green |
| Publish guidelines: managing common infections | | 4 | 0 | Publication within stated year | 80% | | 2 | 1 | 50% | | Amber (see note 1) |
| Publish guidelines: COVID-19 rapid guidelines | | 0 | 21 | Publication within stated year | 80% | | 19 | 19 | 100% | | Green |
| Publish technology appraisals and highly specialised technologies guidance | | 98 | Up to 70 | Publication within stated year | 80% | | 26 | 26 | 100% | | Green |
| Publish interventional procedures guidance | | 33 | Up to 25 | Publication within stated quarter | 80% | | 8 | 8 | 100% | | Green |
| Publish diagnostics guidance | | Up to 11 | Range from 5 to 7 | Publication within stated quarter | 80% | | 3 | 3 | 100% | | Green |
| Publish medical technologies guidance | | Up to 14 | Range from 5 to 10 | Publication within stated year | 80% | | 4 | 3 | 75% | | Amber (see note 2) |
| Publish medtech innovation briefings (MIBs) | | Up to 46 | Range from 20 to 30 | Publication within stated year | 80% | | 21 | 19 | 90% | | Green |
| Deliver commercial briefing notes for NHSE&I to support discussions with companies | | Up to 60 | Up to 40 | Delivery within stated year | 80% | | 20 | 33 | 165% | | Green |
| Advise on ‘Patient Access Schemes’ | | Up to 55 | Up to 37 | Delivery within stated year | 80% | | 18 | 24 | 133% | | Green |
| Deliver new data collection agreements | | Up to 22 | Up to 15 | Delivery within stated year | 80% | | Up to 4 | 4 | 100% | | Green |
| Complete data collection projects and associated managed access agreement exits | | Up to 12 | Up to 12 | Delivery within stated year | 80% | | Up to 3 | 1 | 33% | | Red (see note 3) |
| Actively monitor existing data collection projects | | Up to 52 | Up to 52 | Delivery within stated year | 80% | | Up to 13 | 26 | 200% | | Green |
| Manage portfolio of evaluative commissioning projects for NHSE&I | | Up to 2 | Up to 1 | Submission to NHS England Clinical Panel within stated quarter | 80% | | 1 | 1 | 100% | | Green |
| Publish guideline surveillance reviews | | 20 | Up to 20 | Publication within stated year | 80% | | 4 | 3 | 75% | | Amber (see note 4) |
| Deliver evidence summaries – antimicrobial prescribing | | Up to 4 | Up to 4 | Publication within stated year | 75% | | 1 | 0 | 0% | | Red (see note 5) |
| 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% | 0 | | 7 | 700% | Green | |
| Deliver quality standards | 16 | | 8 | Publication within stated quarter | 80% | 5 | | 5 | 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% | 9 | | 8 | 89% | Green | |
| Deliver shared learning examples | 50 | | 25 | Publication within stated quarter | 80% | 20 | | 22 | 110% | Green | |
| Publish monthly updates of the BNF and BNF C content | 12 | | 12 | Publication within stated quarter | 80% | 7 | | 7 | 100% | Green | |
| Deliver a regular medicine awareness service | 50 | | 50 | Publication to regular schedule | 90% | 26 | | 26 | 100% | Green | |
| Deliver medicines advice products | 10 | | 10 | Publication within stated quarter | 80% | 6 | | 6 | 100% | Green | |
| Develop ‘rapid action plans’ in context of RAPID-C19 | 0 | | Up to 15 | Develop within stated year | 80% | N/A | | 33 | 220% | Green | |

Note 1: 1 delayed antimicrobial prescribing guideline topic due to COVID-19: Animal and human bites. Published in November 2020.

Note 2: 1 delayed medical technologies guidance topic: SEM scanner. SEM scanner published in October 2020.

Note 3: CDF guidance reviews were paused in response to COVID-19. These have now been rescheduled and are expected to publish by Q4 2020/21.

Note 4: 1 delayed guideline surveillance review due to COVID-19: CG54 UTI in under 16s: diagnosis and management. This review published in October 2020.

Note 5: 1 antimicrobial evidence summary delayed to include a new study published at a late stage of the evidence summary’s development: Recarbrio (imipenem, cilastatin and relebactam) for the treatment of infections due to aerobic Gram-negative organisms. Published in October 2020.

Adoption and impact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Outputs | Measure | Target | Planned YTD | Actual YTD | RAG |
| Publish resource impact products to support all NICE guidelines (excluding COVID-19 rapid guidelines), positively recommended technology appraisals, medical technologies and diagnostics guidance at the point of guidance publication | Publication within year | 90% | 100% | 100% | Green |
| Coverage of NICE in the media | % of positive coverage of NICE in the media resulting from active programme of media relations | 80% | 80% | 84% | Green |
| Ensuring stakeholders have access to our websites as the main communication channel | Percentage of planned availability, not including scheduled out of hours maintenance | 98% | 98% | 100% | Green |

Operating efficiently

| Critical success factors | Key measures | Target | Actual YTD | RAG |
| --- | --- | --- | --- | --- |
| Effective management of financial resources | Revenue spend | To operate within budget | Budget for the period April – Sept 2020 was £26.4m.  Net YTD spend was £25.0m. This was a net under spend of £1.4m (5%). | Green |
| Effective management of non-exchequer income | Net income received from non-exchequer income sources (including TA/HST cost recovery, Scientific Advice, Office for Market Access, research grants, knowledge transfer) measured against business plan targets | 90% | The business plan income target was to receive £6.8m year-to-date (YTD) from non-exchequer sources.  The year-to-date income recognised is £4.3m, which is £2.5m (36%) lower than target. This deficit is primarily related to reduced income from TA/HST fees than target. | Amber (see note 6) |
| Management of recruitment | Proportion of posts appointed to within 4 months of first advertisement | 80% | 75% | Amber (see note 7) |
| 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% | 1.57% | 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% | 98% | Amber (see note 8) |
| Improved satisfaction | Parliamentary Questions (PQs) contribution provided within requested time frame | 90% | 84% | Amber (see note 9) |
| Interest in lay committee vacancies reflected by ratio of applications to positions | 2:1 (or greater) each quarter | 100% | 8.7:1 | Green |
| Speed of production[[1]](#footnote-1) | % Technology appraisals for all new drugs with a new active substance referred to NICE issuing guidance within 90 days of the product being first licensed in the UK | 90% | N/A  No topics have been considered against the target yet because they were covered by the caveats | N/A |
| Speed of production | % of multiple technology appraisals from invitation to participate to appraisal consultation document (ACD) in 41 weeks, or where no ACD produced to final appraisal document (FAD) in 44 weeks | 85% | N/A  No topics have been considered against the target yet because they were covered by the caveats | N/A |
| Speed of production | % of Appeal Panel decisions received within 3 weeks of the hearing | 80% | 0% | Red (see note 10) |

Note 6: The income target for TA/HST in Q1-Q2 was £5.3m, with £2.7m 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) is currently over-achieving its target by £0.2m, mainly because of better performance in NICE Scientific Advice.

Note 7: Recruitment timelines were slower during Q1 because of the impact of COVID-19, but we are on-track to see a return to our usual recruitment rates in Q3 2020/21.

Note 8: 1 FOI responded to outside the statutory time limit. The response was delayed in March/April 2020 due to the move to home working and re-prioritisation of work. It was also a complex request needing input from multiple colleagues and legal advice throughout the process. There was some delay in being provided with the right information from the relevant contacts within NICE.

Note 9: Received 7 PQs on the same day. 1 answered on time the same day. The remaining 6 were due by close of play the following day. Information needed for the responses was not received from the team within NICE until the morning after the deadline.

Note 10: 2 appeal decisions were received outside of the required timeframe. Both decisions were delayed due to the length and complexity of the oral hearings.

RAG status – Key

Green = Greater than or equal to annual target

Amber = Between 50% and less than annual target

Red = Less than 50% of annual target

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November 2020

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

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

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

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

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

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

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

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

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

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

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

   [↑](#footnote-ref-1)