NICE National Institute for Health and Care Excellence

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

20 March 2019 at 1.30pm
at Lancaster Town Hall, Dalton Square, Lancaster LA1 1PJ

AGENDA

19/021	**Apologies for absence** To receive apologies for absence	(Oral)
19/022	**Declarations of interests** To declare any new interests and consider any conflicts of interest specific to the meeting	(Item 1)
19/023	**Minutes of the last Board meeting** To approve the minutes of the Board meeting held on 30 January 2019	(Item 2)
19/024	**Matters arising** To consider matters arising from the minutes of the last meeting	(Oral)
19/025	**Chief Executive's report** To receive the Chief Executive's report *Andrew Dillon, Chief Executive*	(Item 3)
19/026	**Finance and workforce report** To receive the finance and workforce report *Catherine Wilkinson, Acting Director, Business Planning and Resources*	(Item 4)
19/027	**Business plan 2019/20** To receive an update *Andrew Dillon, Chief Executive*	(Oral)
19/028	**NICE impact: mental health** To review the report *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 5)
19/029	**NICE indicator process guide** To approve the updated process guide for consultation *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 6)
19/030	**London office accommodation** To approve the next steps *Andrew Dillon, Chief Executive*	(Item 7)

19/031	**Audit and Risk Committee**	(Item 8)
	To receive the unconfirmed minutes of the Audit and Risk Committee meeting held on 23 January 2019	
	Dr Rima Makarem, Chair, Audit and Risk Committee	

| 19/032 | **Director's report for consideration** | (Item 9) |
| | Centre for Health Technology Evaluation | |

Directors' reports for information

| 19/033 | Centre for Guidelines | (Item 10) |

| 19/034 | Communications Directorate | (Item 11) |

| 19/035 | Evidence Resources Directorate | (Item 12) |

| 19/036 | Health and Social Care Directorate | (Item 13) |

| 19/037 | **Any other business** | (Oral) |
| | To consider any other business of an urgent nature | |

Date of the next meeting
To note the next Public Board meeting will be held at 1.30pm on 22 May 2019 at Poole Hospital, Longfleet Road, Poole, Dorset BH15 2JB

Interests Register – Board and Senior Management Team

Board Members

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
Sir David Haslam	Chair	Patron of Cry-Sis.	1986	
		Visiting Professor in Primary Health Care.de Montfort University, Leicester.	2000	
		Professor of General Practice, University of Nicosia.	2014	
		Contributor to Practitioner Medical Publishing, for writing a monthly column in The Practitioner.	1996	
		Chair - Kaleidoscope Health & Care Advisory Board.	2016	
		Adviser to Vopulus Ltd.	2016	
		Member of Faculty of Healthcare Leadership Academy	2016	
		Patron - The Louise Tebboth Foundation	2017	
		Member of Board of Directors, State Health Services Organisation, Nicosia, Cyprus	2018	
Prof Sheena Asthana	Non-Executive Director	Trustee of Change Grow Live (charity).	2017	
		Member of the Advisory Committee on Resource Allocation (NHS England).	2017	
Angela Coulter	Non-Executive Director	Director, Coulter & Coulter Ltd.	2009	
		Member, Academy of Medical Royal Colleges Choosing Wisely steering group.	2015	
		Honorary Fellow, Royal College of General Practitioners.	2007	

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
		Honorary Professor, Institute of Regional Health Research, University of Southern Denmark.	2007	
		Member, Public Advisory Board of Health Data Research UK.	2019	
Prof Martin R Cowie	Non-Executive Director	Consultancy payments for the membership of Steering committee/DSMBs/Endpoint committees related to Global Clinical Trials or Registries: XATOA, COMPASS, COMMANDER-HF (Bayer); SHIFT, QUALIFY, OPTIMIZE (Servier); RELAX-Region Europe, PARALLAX, VERIFY (Novartis); COAST (Abbott); COAST-AHF (Neurotronik); FIRE1 system (FIRE1); SERVE-HF (ResMed).	2016	
		Associate Editor honoraria from Heart (BMJ Publications) and Journal of the American College of Cardiology.	2016	
		Research grants to Imperial College London to support investigator-led research projects (ResMed; Bayer; Abbott; Boston Scientific; NIHR; British Heart Foundation).	2016	
		Fellowships of the Royal College of Physicians of London and Edinburgh, and of the European Society of Cardiology, the Heart Failure Association of the European Society of Cardiology, and the American College of Cardiology.	2016	
		Chair of the Digital Committee of the European Society of Cardiology, and Member of the Digital Committee of the British Cardiovascular Society.	2016	
		Member of the Advocacy Committee of the European Society of Cardiology.	2016	
		Member of the Medical Advisory Board of two patient charities: the Atrial Fibrillation Association, and the Pumping Marvellous Foundation.	2016	
Elaine Inglesby-Burke CBE	Non-Executive Director	Chief Nursing Officer, Northern Care Alliance NHS Group (Salford Royal NHS Foundation Trust and Pennine Acute NHS Trust).	2004	
		Board Member – AQuA (Advancing Quality Alliance).	2012	
		Professional Advisor (Secondary Care) Governing Body – St Helens CCG.	2014	

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
		Trustee – Willowbrook Hospice, Merseyside.	2007	
Prof Tim Irish	Non-Executive Director and Senior Independent Director	Life science assets held in a blind trust and managed by an independent trustee	2015	
		Professor of Practice, King's College London's School of Management / Business and a paid consultant to King's Commercialisation Institute.	2017	
		Non-Executive Director, Life Sciences Hub Wales Ltd.	2017	2019
		Chairman and Non-Executive Director, Quirem Medical BV Supervisory Board.	2015	
		Non-Executive Director, Fiagon AG.	2017	
		Non-Executive Director, eZono AG.	2018	
		Non-Executive Director, Feedback plc.	2017	
		Advisory Board Member, Tibbiyah Holding (Healthcare sector) of Al-Faisaliah Group.	2018	2018
		Non-Executive Director, Styrene Systems Ltd.	2017	
		Board Member, Bournemouth University.	2015	2018
		Trustee & Board Member, CfBT Schools Trust.	2016	2018

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
		Board Member, Pistoia Alliance Advisory Board.	2017	2019
		Non-Executive Director, Pembrokeshire Retreats Ltd.	2006	
		Non-Executive Director, ImaginAb Inc.	2019	
Dr Rima Makarem	Non-Executive Director	Owner of Healthpeak Limited. (Company currently dormant)	2011	2018
		Audit Chair & Non-Executive Director, University College London Hospitals NHS Foundation Trust (UCLH).	2012	
		Chair, National Travel Health Network & Centre (NaTHNaC).	2015	
		Trustee at UCLH Charity.	2013	
		Independent Council Member at St George's University of London.	2016	
		Non-Executive Director and Audit Committee Chair, House of Commons Commission.	2018	
		Non-Executive Director, The Hillingdon Hospitals NHS Foundation Trust.	2019	
Tom Wright CBE	Non-Executive Director	Chief Executive, Guide Dogs.	2017	

Senior management team

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
Sir Andrew Dillon	Chief Executive	Trustee, Centre for Mental Health charity.	2011	
		Visiting Professor at Imperial College London.	2016	
Ben Bennett	Director Business Planning and Resources	None.		
Meindert Boysen	Director Centre for Health Technology Evaluation	Member of the Board of Directors for the International Society for Pharmacoeconomics and Outcomes Research.	2017	
Paul Chrisp	Director Centre for Guidelines	Spouse works in medical communications offering services to a range of pharmaceutical companies.	2009	
Jane Gizbert	Director Communications	Non-Executive Director Tavistock and Portman NHS Mental Health Trust.	2014	
Prof Gillian Leng	Deputy Chief Executive and Health and Social Care Director	Honorary Librarian and Trustee at the Royal Society of Medicine.	2013	
		Editor of the Cochrane EPOC Group.	2012	
		Visiting Professor at the King's College London.	2012	
		Association Member BUPA.	2013	
		Chair - Guidelines International Network (GIN).	2016	
		Spouse is an Executive Director at Public Health England.	2013	

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
Alexia Tonnel	Director Evidence Resources	Spouse worked part-time as a contract engineer for a medical device start up, at prototype stage, called Sutrue.	2017	April 2018
Catherine Wilkinson	Acting Director Business Planning & Resources	Trustee – Age UK, Lancashire.	2018	

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NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Public Board Meeting held on 30 January 2019
at The Spitfire Ground, St Lawrence, Old Dover Road, Canterbury, CT1 3NZ

Unconfirmed

These notes are a summary record of the main points discussed at the meeting and the decisions made. They are not intended to provide a verbatim record of the Board's discussion. The agenda and the full documents considered are available in accordance with the NICE Publication Scheme.

<u>Present</u>

Dr Rosie Benneyworth	Vice Chair and Non-Executive Director (Acting Chair)
Professor Sheena Asthana	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Elaine Inglesby-Burke	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director
Tom Wright	Non-Executive Director

<u>Executive Directors</u>

Sir Andrew Dillon	Chief Executive
Professor Gillian Leng	Health and Social Care Director and Deputy Chief Executive
Alexia Tonnel	Evidence Resources Director

<u>Directors in attendance</u>

Meindert Boysen	Centre for Health Technology Evaluation Director
Paul Chrisp	Centre for Guidelines Director
Jane Gizbert	Communications Director
Catherine Wilkinson	Acting Business Planning and Resources Director

<u>In attendance</u>

David Coombs	Associate Director – Corporate Office (minutes)

19/001 APOLOGIES FOR ABSENCE

1. Apologies were received from Sir David Haslam, Professor Martin Cowie and Ben Bennett.

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19/002 DECLARATIONS OF INTEREST

2.   Angela Coulter stated that she has been appointed to Health Data Research UK's public advisory board, and Rima Makarem stated that she has been appointed as an interim non-executive director of The Hillingdon Hospitals NHS Foundation Trust. These, and the previously declared interests already recorded on the register were noted, and it was confirmed there were no conflicts of interest relevant to the meeting.

19/003 MINUTES OF THE LAST MEETING

3.   The minutes of the public Board meeting held on 21 November 2018 were agreed as a correct record.

19/004 MATTERS ARISING

4.   The Board reviewed the progress with the actions arising from the public Board meeting held on 21 November 2018 and noted that:

- The actions relating to the impact reports and workforce strategy are in progress.
- The external reference group for the NICE Connect project includes lay representation.
- The terms of reference for the pathways advisory committee were updated to reflect the amendments requested by the Board.

19/005 CHIEF EXECUTIVE'S REPORT

5.   Andrew Dillon presented his report, which described the main programme activities to the end of December 2018 and summarised the financial position at the end of the same period. He highlighted the current consultation on the principles that describe the way NICE undertakes its work.

6.   The Board discussed research recently published in the British Medical Journal about financial links between patient groups nominating witnesses to NICE's advisory committees and the life sciences industry. Andrew Dillon stated that currently NICE requires a declaration of interests from patients and service users if they attend an advisory committee meeting to give evidence in person. Where they attend in a personal capacity, though they may have been suggested by an organisation, we cannot necessarily expect them to know the detail of the nominating organisation's interests and so the declaration is limited to their personal affairs. Andrew highlighted that as any such witnesses will unlikely know of financial links between the nominating organisation and life sciences industry, and that they do not themselves take part in the committee's decision making, it

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is unlikely that recommendations have been compromised by any lack of disclosure by people nominated by patient organisations. The extent for further safeguards will however be considered as part of the current review of NICE's policy on declaring and managing interests.

7. The Board noted the challenges facing the enquiry handling team and the current backlog of correspondence awaiting a response. It was noted that actions are being considered to address this issue, including taking a proactive approach to identify guidelines that may generate high volumes of enquiries.

8. The Board received the report.

9. In response to a question from the audience, Andrew Dillon confirmed that the vacancy rate is not a cause of concern for the Senior Management Team.

19/006 FINANCE AND WORKFORCE REPORT

10. Catherine Wilkinson presented the report which outlined the financial position at 31 December 2018 and gave an update on workforce developments. Year to date, there is a financial underspend of £1.1m. This is forecast to increase to £1.8m by the year-end, which is £0.9m higher than the underspend forecast in the report to the November Board meeting.

11. The mental health first aid scheme was welcomed, and it was suggested that it would send an important cultural message to staff if at least one member of the Senior Management Team (SMT) undertook the training to become a mental health first aider. Andrew Dillon agreed to follow this up with the SMT.

ACTION: Andrew Dillon

12. The Board discussed the substantial forecast underspend on the £0.5m capital budget. Catherine Wilkinson and Andrew Dillon confirmed that planning is underway for capital expenditure on the Manchester office, however due to the need to ensure the investment most effectively meets NICE's requirements, and then undertake the required technical planning and secure the necessary agreements from the landlord, this investment will now likely take place in 2019/20.

13. The Board received the report.

14. In response to a question from the audience, the role of the mental health first aiders to provide initial advice and support to fellow staff was clarified.

19/007 NICE IMPACT REPORT: SEXUAL HEALTH

15. Gill Leng presented the report on how NICE's guidance can contribute to improvements in sexual health, and highlighted NICE's positive partnership

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working in this area. Gill noted the reduction in conceptions in women under 18 years old, and stated that while it is hard to directly attribute this to NICE guidance, it is nonetheless a positive trend. She added that the implementation team use the findings in the impact reports to inform their work, and the scope for the reports to help prioritise the field team's activities will also be explored.

16. Board members welcomed the report, including the potential impact on teenage pregnancy rates of NICE's outputs on long acting reversible contraception. The challenges of attributing the impact of NICE's guidance was highlighted, particularly given the wide range of socio-economic factors that can influence public health outcomes. It was agreed that providing international comparators where available, and greater detail on the range of variation between different parts of the country would help evaluate the impact of NICE's guidance. Gill Leng agreed to take this into account for future impact reports.

ACTION: Gill Leng

17. The Board received the report.

19/008 THE USE OF DATA ANALYTICS AT NICE: PROGRESS REPORT

18. Gill Leng presented the progress update on the activities to enhance NICE's capability to identify and use data and analytics in its work. Two members of staff have been recruited to a new data and analytics team, and there are positive ongoing discussions with external organisations with an interest in data and analytics. Over the coming year the team's focus will be to develop a framework for the appropriate use of data analytics across NICE's programmes; develop an external strategic engagement plan to support NICE's use of data analytics; and develop a long-term data and analytics strategy for NICE.

19. The Board discussed the current and proposed external engagement activities, including through the data and analytics external reference group and discussions with IT and data companies. Following suggestions from the Board, Gill stated that she would explore whether a representative from the data analytics industry could join the external reference group, and the best way to utilise the expertise of some of the large patient groups in this area – either through membership of the reference group or when work on specific disease areas is underway.

ACTION: Gill Leng

20. The Board noted the update.

21. A member of the audience asked about the security of data that may be used in this work. Alexia Tonnel confirmed that a key aspect of the strategy will be to consider the governance arrangements for the data, and NICE is collaborating with partners on a system-wide approach to the appropriate handling of data. Angela Coulter added that Health Data Research UK will be developing, in conjunction with the public, a set of standards for the use of data.

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19/009 NHS LONG TERM PLAN: INITIAL OVERVIEW OF THE EXPECTATIONS AND OPPORTUNITIES FOR NICE

22. Andrew Dillon presented the report that summarised the expectations and opportunities for NICE of the NHS Long Term Plan that was published on 7 January 2019. In addition to the direct references to NICE in the plan, work is underway to identify the ways in which NICE's products can help deliver the ambitions for specific services and conditions in the plan. This will both feed into discussions at the strategic level with NHS England and NHS Improvement, and inform the field team's work at the local level.

23. In response to questions from the Board, Andrew Dillon confirmed that the 2019/20 business plan will reference NICE's role in supporting delivery of the Long Term Plan, and that the NICE Connect project will provide the opportunity to support the plan's ambition to integrate health and care services. He confirmed that NICE will not solely focus on the Long Term Plan and will also consider other strategic challenges such as multi-morbidity.

24. The Board noted the report and welcomed the proposed activities.

25. A member of the audience from the life sciences industry asked about the new Medtech funding mandate, noting this is proposed to only apply to non-pharmaceutical medical technologies that have been assessed as cost saving. In response, Meindert Boysen stated that non-pharmaceutical technologies that improve outcomes but increase costs can be assessed through the technology appraisal programme, and therefore attract a funding direction.

19/010 AUDIT AND RISK COMMITTEE MINUTES

26. Rima Makarem, chair of the Audit and Risk Committee, presented the unconfirmed minutes of the committee's meeting held on 28 November 2018. She noted that the committee subsequently met again last week, and the minutes from that meeting will be presented to the Board's next meeting in March.

27. The Board received the unconfirmed minutes.

19/011 NICE CONNECT

28. Gill Leng provided a verbal update to the Board on progress with the NICE Connect project, and noted that the advisory committee is meeting monthly, with an internal steering group meeting fortnightly. A number of meetings with interested parties and technology companies are also underway. Gill stated that critical success factors for the pilot are being developed, and the work undertaken to date reinforces the need to look at both how guidance is presented and produced.

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29. The Board noted the update.

30. In response to questions from the audience, Gill Leng clarified the nature of the project, and highlighted the existing diabetes guidance available on the NICE website.

19/012 RENEWAL OF TENURE FOR CHAIRS OF THE TECHNOLOGY APPRAISAL AND MEDICAL TECHNOLOGIES ADVISORY COMMITTEES

31. Meindert Boysen presented the paper that set out the proposal to renew the tenure of the chairs of two technology appraisal committees, and the chair of the medical technologies advisory committee at the end of their 10 year period of service in order to allow the Centre for Health Technology Evaluation to continue to benefit from their experience and expertise while it goes through a period of significant change. Given the rationale of seeking to retain this expertise, the Board is asked to waive the requirement that a renewal of tenure beyond 10 years can only be agreed after the individual has reapplied for the role in open competition.

32. The Board considered the proposal and agreed to:

   - Renew the tenure of Dr Jane Adam as Chair of Technology Appraisal Committee A until June 2022.

   - Renew the tenure of Dr Amanda Adler as Chair of Technology Appraisal Committee B until June 2021.

   - Renew the tenure for Dr Peter Groves as Chair of the Medical Technologies Advisory Committee until March 2021.

33. The Board agreed that these reappointments could be made without open competition.

19/013 REMUNERATION COMMITTEE TERMS OF REFERENCE AND STANDING ORDERS

34. Rosie Benneyworth, on behalf of David Haslam, presented the updated terms of reference and standing orders for the Remuneration Committee, following a scheduled review. The amendments reduce the length of the document and remove repetition, following similar changes to NICE's other key governance and senior management committees.

35. The Board approved the updated terms of reference and standing orders

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19/014 VICE CHAIR AND SENIOR INDEPENDENT DIRECTOR

36. Rosie Benneyworth, on behalf of David Haslam, presented the paper on the next steps following her resignation from the NICE Board in order to take a new role at the Care Quality Commission. She noted that given his proposed appointment as Vice Chair, Tim Irish has stood down from the role of Senior Independent Director (SID), and the non-executive directors (NEDs) have been given the opportunity to take on the role of SID. One expression of interest was received for the role of SID – from Rima Makarem.

37. The Board:

   • Appointed Professor Tim Irish as Vice Chair with effect from 1 March 2019.

   • Appointed Dr Rima Makarem as the Senior Independent Director (SID) with effect from 1 March 2019.

   • Noted that in line with the committee's terms of reference, the NICE Chair, Sir David Haslam, will appoint a further NED to the Remuneration Committee following the new Vice Chair and SID appointments.

ACTION: David Haslam

19/015 DIRECTOR'S REPORT FOR CONSIDERATION

38. Paul Chrisp presented the update from the Centre for Guidelines and highlighted several points of note, including collaborations with: Public Health England on antimicrobial prescribing guidance; the Data Science Campus at the Office for National Statistics on the scope to utilise artificial intelligence to help identify links between NICE's products; and the National Institute for Health Research (NIHR) to refine the processes for identifying when key NIHR funded trials are published and may impact on NICE guidelines. Paul briefly updated the Board on the status of the work to develop guidelines on cannabis-based products for medicinal use; diagnosis and management of myalgic encephalomyelitis/chronic fatigue syndrome; and abdominal aortic aneurysm: diagnosis and management.

39. The Board noted the report and thanked Paul for the Centre's work.

19/016 – 19/019 DIRECTORS' REPORTS FOR INFORMATION

40. The Board received the Directors' Reports.

19/020 ANY OTHER BUSINESS

41. Andrew Dillon noted this was Rosie Benneyworth's last public Board meeting at NICE before leaving to take up the role of Chief Inspector of Primary Medical Services and Integrated Care at the Care Quality Commission. On behalf of the

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Board, Andrew paid tribute to Rosie's contribution as a NED, Vice Chair, and most recently as NICE's acting chair.

NEXT MEETING

42. The next public meeting of the Board will be held at 1.30pm on 20 March 2019 at Lancaster Town Hall, Dalton Square, Lancaster LA1 1PJ.

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Chief Executive's report

This report provides information on the outputs from our main programmes to the end of February 2019 and on our financial position for the 10 months to the end of January 2019, together with comment on other matters of interest to the Board.

The Board is asked to note the report.

Andrew Dillon

Chief Executive

March 2019

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Introduction

1. This report sets out the performance of the Institute against its business plan objectives and other priorities, for the 11 months to the end of February 2019, and for income and expenditure for the 10 months to the end of January. This report also notes the guidance published since the last public Board meeting in January and refers to business issues not covered elsewhere on the Board agenda.

2. The report also contains a report on the performance of the Science, Advice and Research programme (see Appendix 5).

Performance

3. The current position against a consolidated list of objectives in our 2018-19 business plan, together with a list of priorities identified by the Department of Health and Social Care, is set out in Appendix 1.

4. Extracts from the Directors' reports, which refer to particular issues of interest, are set out at Appendix 2. The performance of the main programmes between April 2018 and February 2019 is set out in Charts 1 and 2, below.
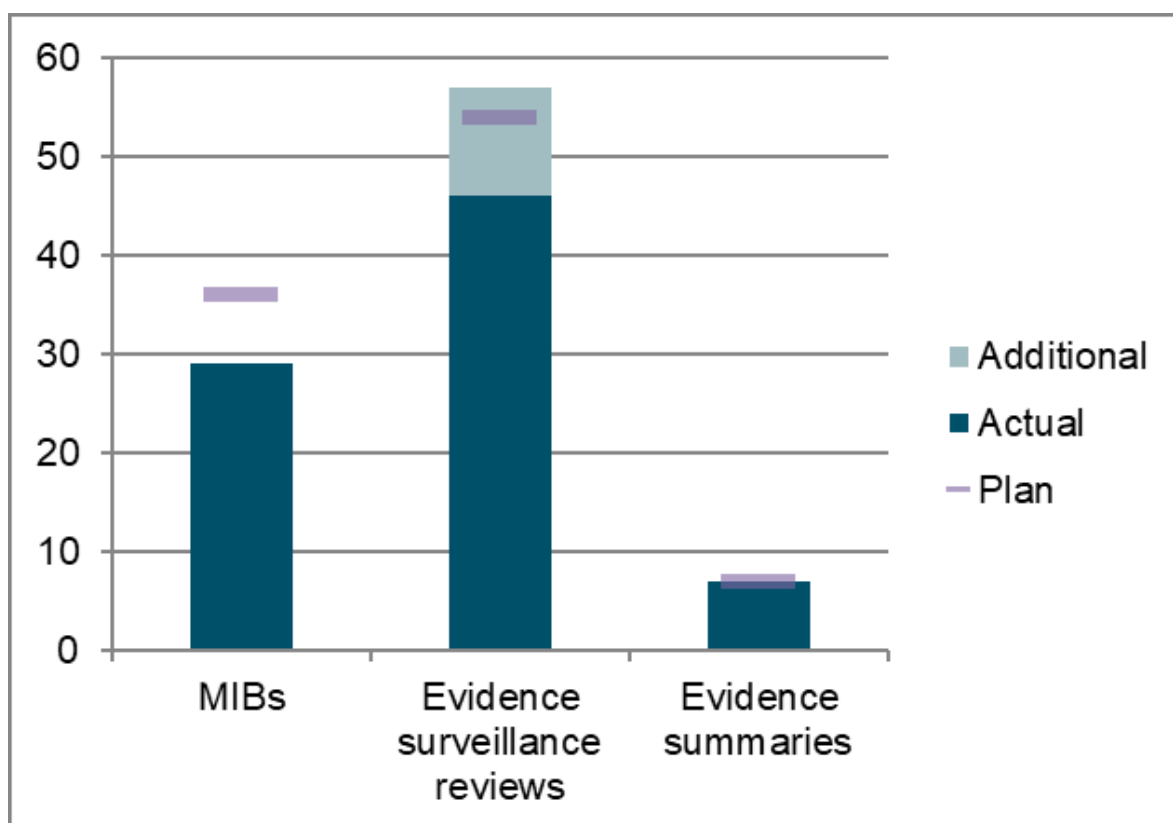
Chart 1: Main programme outputs: April 2018 to February 2019

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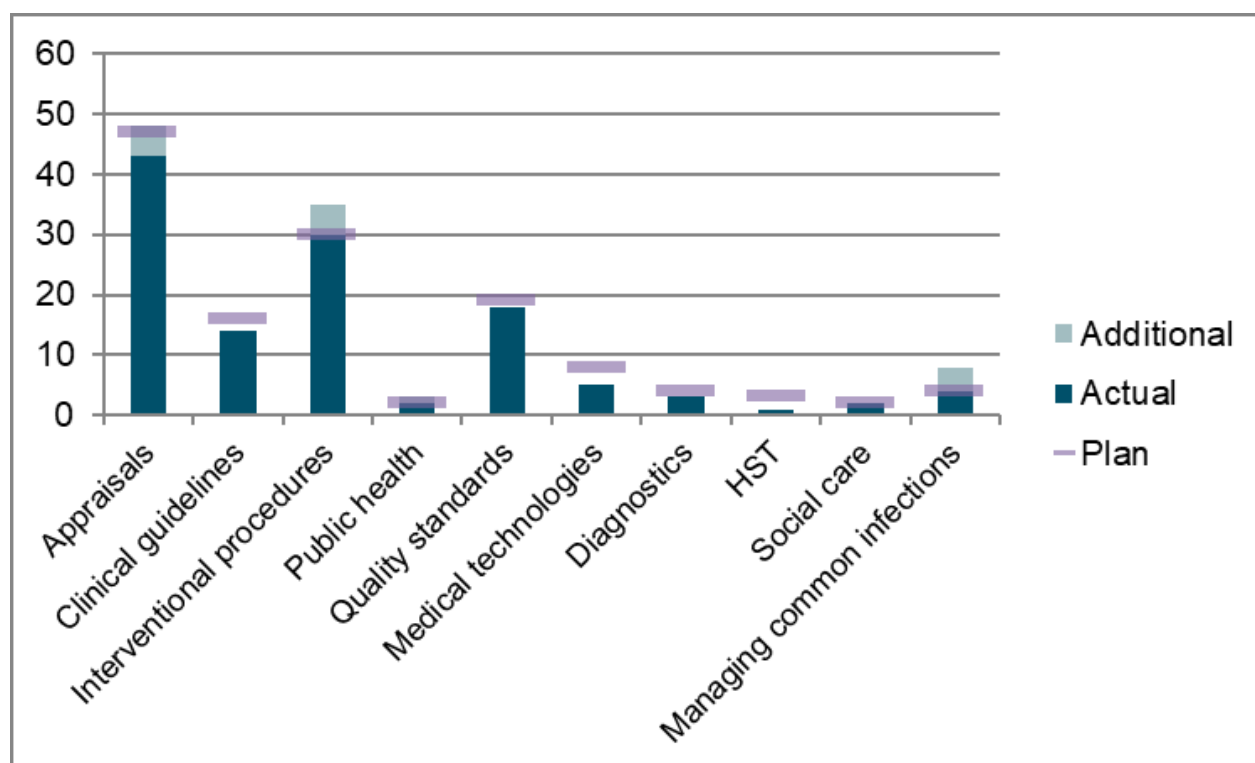
Notes to Chart 1:

a) HST refers to the highly specialised technologies programme (drugs for very rare conditions)
b) The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance
c) '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

5. Details of the variance against plan are set out at Appendix 3. Guidance, quality standards and other advice published since the last Board meeting in January is set out Appendix 4.

6. The performance of other Institute programmes is set out in Chart 2, below.

Chart 2: Advice programmes main outputs: April 2018 to February 2019

Notes to Chart 2:

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

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Financial position (Month 10)

7. The financial position for the 10 months from April 2018 to the end of January 2019 is an under spend of £1.3m (3%), against budget. This consists of under spend of £1.2m on pay and £0.4 on non-pay budgets, offset by income under recovery of £0.3m. The position of the main budgets is set out in Chart 3. Further information is available in the Business Planning and Resources Director's report.

Chart 3: Main programme spend: April 2018 to January 2019 (£m)

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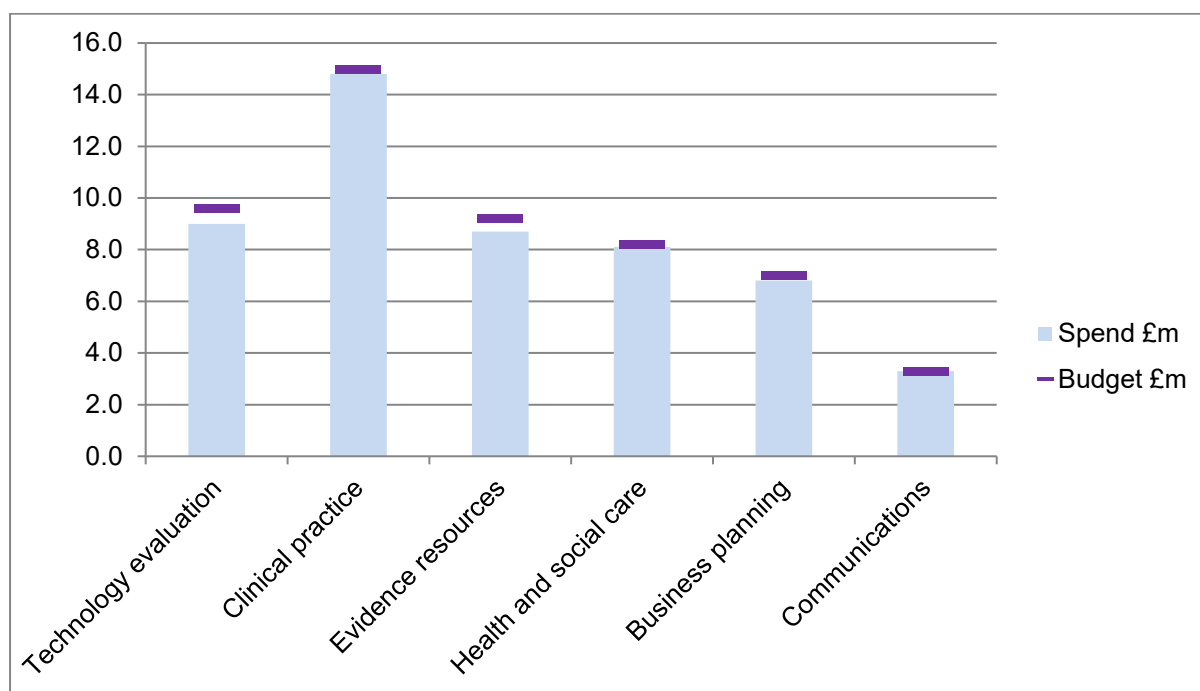
Appendix 1: Business objectives for 2018-19

In managing its business, NICE needs to take account of the objectives set out in its business plan, and the organisational and policy priorities for NICE set out by the Department of Health and Social Care. The table below consolidates and tracks progress with the main elements of these influences on our work in 2018-19.

Objective	Actions	Update
Guidance, standards, indicators and evidence		
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan and in accordance with the metrics in the balanced scorecard	• Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the Business Plan • Ensure performance meets the targets set out in the balanced scorecard • In conjunction with national partners, develop a process for agreeing a joint narrative on the financial and workforce impact of our guidance	• Details of the main programmes' performance against plan, including explanations for any variances are set out elsewhere in this report.
Implement changes to methods and processes in the technology appraisal (TA) and highly specialised technologies (HST) programmes	• Continue to implement changes to the TA and HST programmes: the TA fast track process, the budget impact test and value assessment in HST • Subject to the outcome of consultation, implement the proposals for increasing capacity in the TA programme • Make changes to the operation of the advisory committees, to improve the efficiency of the overall committee resource	• The number of topics going through the new technical engagement step is growing, with 6 reports issued to date. Although informal feedback suggests that this step in the process is valued highly by companies, it requires a significant commitment by the NICE team.
Refine and implement new methods and processes to	• Review the methods and processes for efficient and timely guideline update outputs	• The revised Guidelines Manual was published on the NICE website on 31 October.

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Objective	Actions	Update
accelerate the development of guidelines	• Revise and implement new methods and processes to support the development of guideline updates in-house • Revise and implement new processes for the surveillance of guidelines • Complete and publish a revised Guidelines Development Manual	• Revised methods and processes have been reviewed and are complete to increase efficiency and timely guideline update outputs. • Ongoing work is underway to streamline the recruitment of chairs and committee members.
Maintain a suite of digital evidence services to meet the evidence information needs of health and social care users and partner agencies	• Maintain and monitor performance of NICE Evidence Services (CKS, HDAS, BNF microsites, Evidence Search), with investment in new features on a strictly needed basis • Procure and implement the national core content in line with Health Education England (HEE) commissioning decisions	• The team has procured BMJ's Best Practice as a new addition to the NCC National Core Content (NCC) for Health Education England; this is the first time the NCC has included a point of care tool. The new NCC collection will be available from 1 April 2019.
Implement NICE-related aspects of the life sciences industries sector deal and the Accelerated Access Review	• Develop an implementation plan for those aspects of the Life Sciences Sector Deal that are relevant to NICE • Operationalise the Accelerated Access Collaborative (AAC) programme office, developing mechanisms for effective engagement with all members of the Collaborative • Establish the infrastructure for the MedTechScan horizon scanning programme (now HealthTech Connect) • Establish a Commercial Liaison Team to provide input to NHS England to inform their negotiations with companies, based on the outputs of the Technology Appraisal and HST programme	• The AAC Secretariat is working with partners on acceleration plans for the 12 rapid uptake products supported by the AAC. The Secretariat has also rolled out the formal AAC product identification process, and partners have started identifying products for Transformative Designation. It is anticipated that the first transformative products will be selected in Spring 2019. • The 'soft' launch of HealthTech Connect took place at the end of February 2019, with accessor rights granted to all key partners by the project board. Full launch is planned for end of April 2019.

Objective	Actions	Update
	• Engage with DHSC and MHRA to ensure operational readiness for the UK's departure from the European Union	• Members of the commercial liaison team have been working with NHS England on the development of a commercial framework in response to the voluntary scheme for branded medicines pricing and access. • Regular meetings have been held with the MHRA to explore the impact of a potential no-deal exit from the European Union on technology appraisals.
Review and remodel the approach to developing and delivering NICE guidance to take account of real-world data, machine learning and new digital platforms	• Develop a strategy for implementing changes to the development of NICE guidance to take account of new evidence sources, digitally-enabled authoring and machine learning • Subject to SMT and Board agreement, and the availability of resources, develop and implement an action plan for 2018-19	• A cross-Institute team has been established to support the use of data analytics across all NICE guidance programmes, with an associate director and technical adviser now in post. • The second meeting of the external expert group took place at the end of January, with a discussion about the future vision for the health system, and for NICE's role. • A draft action plan has been developed, with a focus on developing a cross-Institute framework for data and analytics, and external relationships. This framework will be taken to the Board for review over the summer. • Work has started with ONS on a project to capitalise on data science to make efficiencies in the guidelines surveillance process.

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Objective	Actions	Update
		• Data owners have been identified and the Centre for Guidelines are exploring opportunities for the use of complex data analytics to inform guideline development.
Adoption and Impact		
Deliver a programme of national, regional and local strategic engagement to support alignment across the health and care system and the uptake of NICE guidance and standards	• Work with local health and care systems to promote the use of NICE guidance and quality standards, measured against the metrics in the 2018-19 strategic engagement plan • Support the use of NICE guidance and standards through the work of other national organisations in health, public health and social care, measured against agreed metrics • Work with key system partners, in particular NHSE and PHE, to deliver mutually supportive communication activities • Use our membership of the Arm's Length Bodies CEO group to promote a compelling narrative about the value of our work to the health and care system • Work with the devolution communities to ensure awareness of the NICE offer and help with system and service design	• Progress against agreed metrics is reported to the Board on a 6-monthly basis. • Engagement with other national organisations is on track, with detail included in the report from the Health and Social Care directorate. • We are working with system partners in relation to the Long Term Plan and are providing supportive resources for Integrated Care Systems based on NICE guidance.
Deliver a programme of support to encourage the adoption of drugs and other medical technologies recommended by NICE	• Promote the innovation scorecard within the clinical community to encourage the uptake of recommended drugs and technologies	• Stakeholders and users are being consulted on plans to develop the scorecard. The work of the Accelerated Access Collaborative (see above) will complement this work.

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Objective	Actions	Update
	• Deliver budget impact assessments to inform application of the budget impact test within the NICE TA and HST programmes	• Budget impact assessments are being delivered as planned.
Monitor the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	• Produce 6 topic-based reports showing uptake and impact of NICE guidance and standards • Deliver a rolling programme of audience research projects including an annual stakeholder reputation audit	• Topic based reports are presented to the Board at each public meeting. In March 2019 this covers mental health. • The fieldwork for the Reputation Research project is almost complete. There have been 129 responses to the MP survey and 2064 for the public omnibus survey. The stakeholder survey will close on 15 March. At the end of February we had received 591 responses and have set a target of 800 stakeholder responses to match the response rate for the 2017 survey. • We are currently recruiting for in-depth interviews with senior stakeholders from key organisations. We are aiming for 25 interviews and have 15 confirmed so far.
Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	• Undertake a programme of enhancements to content on the website for different audiences including visual summaries and improving the 'user journey' on the NICE website to enable users to easily find the information they want • Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision-Making Collaborative	• New website pages to support the implementation of TA charging have been developed. • Work is ongoing to identify and resolve accessibility issues with content and documents on the NICE website to meet the new regulations for public sector websites. • A meeting of a core group of the Shared Decision Making (SDM) Collaborative took

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Objective	Actions	Update
	• Deliver a programme of quality assurance activities including endorsement, shared learning and the shared learning award	place in January to share updates on SDM activities across members and to agree the focus and priorities for the next full collaborative meeting in June. • NICE is now routinely developing shared decision aids. Development of the NICE SDM guideline is now underway. Recruitment of early committee members has taken place and the scoping workshop for the topic was held in early December. • Quality assurance activities are progressing as planned. The shared learning award for 2019 is now open for entries from across health and social care.
Promote collaboration on evidence management, system integration and data science initiatives across ALBs and with academic establishments and other external stakeholders	• Support NHS Digital to understand the domain model of NICE (and its broader evidence context), and explore the opportunities/value of introducing common interoperability standards (such as SNOMED) into the structure of NICE's content • Support NHS England to deliver the digital IAPT pilot programme (Improving Access to Psychological Therapies)	• Our current provider of cloud hosting services has continued to share information with our Digital Services team to promote their suite of artificial intelligence cloud services. We are identifying use cases to undertake rapid testing of some of these capabilities and assess their potential to support process improvements. • In the context of the NICE Connect work, engagement with organisations regarding the use of interoperability standards is continuing. This includes NHS Digital as well as clinical system providers. • So far, 4 digital therapy technologies have been found to be eligible to enter the IAPT

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Objective	Actions	Update
		assessment programme and IAPT assessment briefings have been started, or are scheduled to start, later in this financial year. 3 briefings will complete in April 2019 rather than March, as originally planned.
Create a structured and coordinated approach for working with and listening to stakeholders	• Implement agreed actions from the public involvement strategic review including introduction of the Expert Panel and pilot novel methods in relation to user-focused evidence • Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management • Develop metrics to measure the extent and impact of our engagement with social care audiences	• Implementation of the actions from the strategic review is ongoing, and development of methods to allow lay people to submit their interest in working with NICE (outside of applying for specific committee recruitments) is in progress. • A report has been produced that brings together insights from a number of audience research projects with responses from social care respondents. The report will come to the Board in April, alongside an update on NICE's social care programme. The insight report is also being considered within the NICE Connect project.
Deliver new digital service projects, maintain NICE's existing digital services and implement service improvements based on user insights and service performance and strategic priorities	• Deliver digital service projects that support NICE's strategic goals and transformation agenda. The projects will be prioritised and scoped throughout the year to support NICE in four key areas: evidence management, structured content development, process optimisation and dissemination/channels • Maintain all live NICE Digital Services to agreed service levels (service availability and time to defect resolution)	A number of digital projects are underway across the portfolio, including: • The Evidence Management platform (delivering web tools for searching evidence, systematic review needs and building an evidence surveillance capability) continues to be developed. User training and engagement has increased adoption across NICE teams. Workshops have also been run with NICE's guideline

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Objective	Actions	Update
	• Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities • Undertake continuous improvement of live services in response to user insights and service performance. For the NICE website, formally establish a new priority-led approach ('Journey Maps') to service improvement	development centres to inform ongoing development priorities. • The Comment Collection project (work to bring efficiencies to the external consultation process) will be assessed by the Government Digital Service (GDS) in April. Training has been completed across several teams. Work to develop further features to support more complex consultations will continue in subsequent phases of development. • A 'discovery phase' to look at the longer-term solution to support stakeholder management at NICE will commence before the end of March 2019. This work was put on hold to prioritise work required on the legacy stakeholder management systems to implement changes required to support the TA and HST charging process.
Inform the review of the Pharmaceutical Price Regulation Scheme (PPRS)	• Engage with the Department of Health and Social Care to inform the re-negotiation of the PPRS, focussing attention on those aspects of the Scheme which have an impact on the development of NICE guidance	• The voluntary scheme for branded medicines pricing and access was published in early December. Implementation plans for the activities related to NICE are being developed.

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Objective	Actions	Update
Operating efficiently		
Operate within resource and cash limits in 2018-19	• Deliver performance against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets	• The Institute is operating within its resource and cash limit.
Implement the third year of a three-year strategy to manage the reduction in the Department of Health and Social Care's Grant-In-Aid funding and deliver a balanced budget in 2018-19	• Centres and directorates to continue to deliver the savings expected from them in order enable the Institute to manage within the reduced Grant in Aid funding received from DHSC, by April 2019 • Ensure that fully designed and tested financial and operational arrangements for cost recovery charging for technology appraisals and highly specialised technologies are in place in time for charging to begin	• All savings targets for 2018-19 have been achieved. • Regulations to enable charging for appraisals that commence after 1 April 2019 were laid before Parliament on 12 December 2018. • The project group are currently formulating processes. Companies scheduled to be charged in the first quarter of 2019-20 have been contacted and invoices are being raised.
Further develop and grow NICE Scientific Advice	• Re-establish NICE Scientific Advice as a business unit with increased devolved autonomy within the NICE legal entity • Work with relevant NICE corporate functions (HR, Finance and Communications) to define the scope of devolved autonomy and governance arrangements • Drive the business unit as a market facing way to deliver increased revenue and influence	• Over Q4, NICE Scientific Advice will have initiated 13 new advice projects, held a META Tool facilitator training day and delivered a further 10 external engagements, including speaking slots at the CAR-TCR Europe Summit, an EMIG members meeting and an EORTC ECI workshop in Brussels. The team will also deliver two Digital Evidence Standards masterclasses, in collaboration with Digital Health London and MedCity, aimed at helping NHS commissioners understand and interpret the newly published NICE evidence standards to support decision

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Objective	Actions	Update
		making. The team is also providing advice to the Royal College of Physicians and NHS England as they develop a framework to help with selecting, monitoring and reporting on digital GP consultation tools used within the NHS. The project will culminate in a report outlining agreed evaluation standards and data sets, including sources for measuring the impact of Online Consultation services and their implementation.
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance	• Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK, including permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services • Promote our capacity for knowledge sharing with international organisations interested in NICE's expertise and experience and take advantage of country-specific opportunities	• Over the last two months, the team has continued to respond to requests to re-use NICE content. 11 quotes to re-use NICE content were issued and 8 licences were signed. The total income invoiced for the year-to-date for content re-use services amounts to approximately £198,000. • The International Knowledge Transfer service has hosted 2 international delegations from Cuba and Japan, respectively. The delegation from Cuba included attendees from BioCubafarma, Centre for Molecular Immunology, Centre for Genetic engineering and Biotechnology and the British embassy in Cuba. Discussions about future collaboration for educational and consultancy activities were held. The Japanese delegates were

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Objective	Actions	Update
		representing the Institute for Health Economics and Policy, and we hosted a seminar on the perspective of NICE on initiatives for reforms related to pharmaceutical products. The team continued attending the regular meetings of the NHS International Health Group and the NHS Confederation International Group. Further work has been undertaken on developing a strategy for the service for the 2019-20 financial year.
Enthuse and enable staff to deliver on the Institute's objectives, ensuring that every member of staff has a clear set of personal objectives, a personal development plan and an annual appraisal	• Ensure that all staff have clear objectives supported by personal development plans • Actively manage staff with the objective of ensuring that the global job satisfaction index in the annual staff survey is maintained or improved from its 2017 level	• The Board approved an updated workforce strategy in November 2018. • The 2018 staff survey has been undertaken. The results and the accompanying action plan were reported to the Board in September.
Develop an accommodation strategy, taking into account projected future demand and national policy	• Consider the options for future office space in London, taking account of current lease arrangements • Prepare a strategy for Board approval by December 2018	• We are engaged in the Department of Health and Social Care's London office accommodation strategy which is being facilitated by NHS property services. The option of moving with the British Council to Stratford before the end of the current lease in London in 2020 is being actively pursued as part of the strategy.

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Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	Changes to the 2019/20 QOF see a greater alignment to NICE guidance, with indicators developed by NICE for COPD, hypertension and mental health being added to the framework. The 2019/20 QOF also includes the new diabetes indicators that use stratification to reduce both under-treatment and over-treatment for people with diabetes. In collaboration with the Royal College of General Practitioners (RCGP) and the Health Foundation, NICE has worked with NHSE and the BMA's General Practitioners' Committee to develop two quality improvement modules for inclusion in the QOF. The two modules cover prescribing safety and end-of-life care, the two modules will be financially incentivised through the 2019/20 QOF from April 2019. It is expected that 8 further quality improvement modules will be published by the end of summer 2019.	Para 12 and 13
Guidelines	In January, members of the Centre attended a meeting of the GIN ADAPT working group to begin to explore an update to the internationally-agreed ADAPT methodology for the adaptation of guideline recommendations for different contexts. The work of this group will directly inform the methodology underpinning NICE's contextualisation process, where guidelines are adapted for different health economies and jurisdictions.	Para 8
Health technology evaluation	The budget impact test (BIT) is used to trigger discussions about developing potential commercial agreements between NHS England and companies in order to manage the budget impact of introducing high cost treatments. NICE provides NHS England and the company with an independent calculation of the level of budget impact of a positive NICE recommendation for a particular technology. To date 111 BITs have been completed at the point of company evidence submission. A further 10 BITs are anticipated to be completed before the end of the 2018/19 business year. Of the 31 topics that met the BIT	Para 26-29

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	at the company evidence submission stage, 9 have reached final guidance publication; 4 technologies were recommended for use in the CDF, and 5 have been recommended for routine commissioning. NHS England have not needed to formally request a variation to the funding requirements for the routinely commissioned topics, as they have successfully addressed any affordability issues via commercial agreements with the companies involved.	
Evidence resources	An important objective of the directorate was to work with NHS England, Public Health England, MedCity and Digital Health London to develop standards for assessing the effectiveness and economic impact of Digital Health Technologies (DHTs). Following an extensive period of engagement with industry, academics and clinicians an initial version of the evidence standards framework was published on 10 December 2018 along with a questionnaire for users to offer feedback. The framework was generally well received across the system and an updated version reflecting the feedback received was published on 4 March 2019. This included a supporting information pack consisting of case studies, a guide to conducting an economic assessment, a budget impact tool and links to relevant data sources and educational resources. The updated version of the framework was published to coincide with the publication of the updated version of code of conduct for data driven health and care technologies published by the Department for Health and Social Care in February 2019, which refers directly to the evidence standards framework published by NICE.	Para 22
Communications	The fieldwork for the Reputation Research project is almost complete. There have been 129 responses to the MP survey and 2064 for the public omnibus survey. The stakeholder survey will close on 15 March. At the end of February, we had received 591 responses and have set a target of 800 stakeholder responses to match the response rate for the 2017 survey. We are currently recruiting for in-depth interviews with senior stakeholders from key organisations as part of the reputation research. We are aiming for 25 interviews and have 15 confirmed so far.	Para 10 and 11

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Finance and workforce	The forecast under spend of £1.9m is an increase of £0.1m to the figure provided in the January finance and workforce report. This increase is mainly due to continuing under spends associated vacant posts across the Centres and Directorates. As at 31 January 2019 uncommitted reserves are £0.5m, however £0.3m of this total has been set aside as a contingency for unforeseen expenditure and liabilities arising before the end of the financial year. The uncommitted reserves balance is mainly due to the budgets for SMT approved non-recurrent expenditure not being transferred to directorates that are underspending within their current budgets. This additional expenditure is instead being offset against existing budgetary under spends and therefore a transfer from reserves has not been necessary.	Para 22-23

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

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	3 topics delayed	Suspected neurological conditions: Delayed due to discussions with NHS England on the recommendations. Publication date is to be confirmed.
		Depression in adults: Publication moved to December 2019 (Q3 2019-20) as further work is required following stakeholder consultation.
		Abdominal aortic aneurysm: diagnosis and management: Publication delayed to enable committee consideration of stakeholder comments. Publication date to be confirmed.
	1 topic planned in 2018-19 published early	Post-traumatic stress disorder: Originally planned to publish in March 2019 (Q4 2018-19). Published early in December 2018.
Interventional procedures	No variation against plan 2018-19	
	5 additional topics published in 2018-19, that were not planned for this financial year	Prostatic urethral temporary implant insertion for lower urinary tract symptoms caused by benign prostatic hyperplasia: Published in January 2019 (Q4 2018-19).
		Electrically-stimulated intravesical chemotherapy for superficial bladder cancer: Published in January 2019 (Q4 2018-19).
		Laparoscopic cerclage for cervical incompetence to prevent late miscarriage or preterm birth: Published in January 2019 (Q4 2018-19).
		Barnett Continent Intestinal Reservoir (continent ileostomy): Published in February 2019 (Q4 2018-19).
		High intensity focused ultrasound for symptomatic benign Thyroid nodules: Published February 2019 (Q4 2018-19).
Medical technologies	3 topics delayed	IN.PACT: Delayed awaiting availability of new evidence. Topic paused.
		Endocuff Vision: Delayed due to the committee capacity issues. Due to publish in June 2019 (Q1 2019-20).

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Programme	Delayed Topic	Reason for variation
		SeQuent Please (update): This guidance (MTG1) is to be updated within the Acute Coronary Syndromes guideline which is in development and due to publish in May 2020. MTG1 will then be withdrawn.
Public Health	1 additional topic published in 2018-19, that was not planned for this financial year	Flu vaccinations: Originally planned to publish in 2017-18. Published in August 2018 (Q2 2018-19).
Quality Standards	1 topic delayed	School based interventions: Delayed until mid-March to enable engagement between the Department of Health and Social Care and the Department for Education.
Diagnostics	1 topic delayed	Lead-I electrocardiogram (ECG) devices for detecting atrial fibrillation using single-time point testing in primary care: The first committee meeting for this topic was rescheduled to allow additional work to be carried out by the External Assessment Group (EAG) which is developing the diagnostics assessment report. The earliest anticipated date for publication of the final guidance is now 8 May 2019 (Q1 2019-20).
Technology Appraisals	4 topics delayed	Blinatumomab for acute lymphoblastic leukaemia [ID1036]: Following a regulatory timing update from the company the topic is to be rescheduled. New publication date is June 2019 (Q1 2019-20).
		Abiraterone for treating newly diagnosed metastatic hormone-naive prostate cancer: Topic suspended. NICE are awaiting confirmation from the company of the price abiraterone will be available to the NHS for this indication. Once this price is confirmed the appraisal will re-start. Expected publication date to be confirmed.
		Nivolumab with ipilimumab for untreated metastatic renal cell carcinoma: Topic suspended. On 27 July 2018, the CHMP adopted a negative opinion, recommending the refusal of the marketing authorisation for Opdivo with Yervoy (nivolumab with ipilimumab) in this indication. Following an update from the company, a re-examination of this opinion will be sought. This appraisal will therefore be rescheduled, and a further update will be issued in due course. Expected publication date to be confirmed.

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Programme	Delayed Topic	Reason for variation
		Ocrelizumab for treating primary progressive multiple sclerosis: Topic delayed. Originally due to publish 31 Oct 2018. The appraisal has been paused while commercial discussions between the company and NHS England are taking place. Expected publication date to be confirmed.
	5 additional topics published in 2018-19, that were not planned for this financial year	Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours: MTA was split into 2 appraisals in 2017/18, with one part published in June 2017 (TA449) and one part (TA539) in August 2018.
		Denosumab for preventing skeletal-related events in multiple myeloma: Published as a terminated appraisal in December 2018 (Q3 2018-19).
		Decitabine for untreated acute myeloid leukaemia: Published as a terminated appraisal in December 2018 (Q3 2018-19).
		Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer: Published as a terminated appraisal in February 2019 (Q4 2018-19).
		Lung cancer (non-small-cell, advanced, metastatic, BRAF V600E positive) - dabrafenib (with trametinib) [ID929]: Published as a terminated appraisal in February 2019 (Q4 2018-19).
Highly Specialised Technologies (HST)	2 topics delayed	Afamelanotide for treating erythropoietic protoporphyria [ID927]: Following receipt of an appeal, which was upheld at the appeal hearing on 30 July 2018, the topic has been returned to the committee. Anticipated publication June 2019 (Q1 2019-20).
		Cerliponase alfa for treating neuronal ceroid lipofuscinosis type 2: After the third appraisal committee meeting the topic was delayed while further discussions took place between NICE, the company and NHS England. Expected publication is now April 2019 (Q1 2019-20).
Social Care	No variation against plan 2018-19	
Managing Common Infections	No variation against plan 2018-19	

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Programme	Delayed Topic	Reason for variation
	4 additional topics published in 2018-19 that were not planned for this financial year	Urinary tract infection (catheter-associated): antimicrobial prescribing: Published in November 2018 (Q3 2018-19).
		Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing: Published in December 2018 (Q3 2018-19).
		Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing: Published in December 2018 (Q3 2018-19).
		Catheter associated urinary tract infections: Published in November 2018 (Q3 2018-19).

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Appendix 4: Guidance published since the last Board meeting in January 2019

Programme	Topic	Recommendation
Clinical Guidelines	Renal and ureteric stones: assessment and management	General guidance
	Cerebral palsy in adults	General guidance
Interventional procedures	Ex-situ machine perfusion for extracorporeal preservation of livers for transplantation	Special arrangements for consent
	Platelet-rich plasma injections for knee osteoarthritis	Special arrangements for consent
	Electrically stimulated intravesical chemotherapy for non-muscle-invasive bladder cancer	Research only
	Laparoscopic cerclage for cervical incompetence to prevent late miscarriage or preterm birth	Normal arrangements for consent
	Percutaneous venoplasty for chronic cerebrospinal venous insufficiency in multiple sclerosis	Do not use
	Prostatic urethral temporary implant insertion for lower urinary tract symptoms caused by benign prostatic hyperplasia	Research only
	Barnett Continent Intestinal Reservoir (modified continent ileostomy) to restore continence after colon and rectum removal	Special arrangements for consent
	High intensity focused ultrasound for symptomatic benign Thyroid nodules	Special arrangements for consent
Medical technologies	Mepilex Border Heel and Sacrum dressings for preventing pressure ulcers	Research recommendation
	Senza spinal cord stimulation system for delivering HF10 therapy to treat chronic neuropathic pain	Case for adoption is fully supported
	UrgoStart for treating diabetic foot ulcers and leg ulcers	Case for adoption is fully supported
Diagnostics	No publications	
Public Health	No publications	
Managing Common Infections	Cough (acute): antimicrobial prescribing	General guidance
Social care	No publications	
Quality Standards	Sexual health	Sentinal markers of good practice

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Programme	Topic	Recommendation
	Child abuse and neglect	Sentinal markers of good practice
	Serious eye disorders	Sentinal markers of good practice
Technology Appraisals	Regorafenib for previously treated advanced hepatocellular carcinoma	Optimised
	Darvadstrocel for treating complex perianal fistulas in Crohn's disease	Not recommended
	Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, non-squamous non-small-cell lung cancer	Recommended
	Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease	Recommended for use within the CDF
	Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies	Recommended for use within the CDF
	Bevacizumab with carboplatin, gemcitabine and paclitaxel for treating the first recurrence of platinum-sensitive advanced ovarian cancer	Terminated appraisal
	Venetoclax with rituximab for treating relapsed or refractory chronic lymphocytic leukaemia	Recommended
	Encorafenib with binimetinib for treating advanced (unresectable or metastatic) BRAF V600 mutation-positive melanoma	Recommended
	Abemaciclib with an aromatase inhibitor for untreated advanced hormone-receptor positive, HER2-negative breast cancer	Recommended
	Lung cancer (non-small-cell, advanced, metastatic, BRAF V600E positive) - dabrafenib (with trametinib)	Terminated appraisal
Highly Specialised Technologies (HST)	No publications	
Evidence summaries	Opioid dependence: buprenorphine prolonged-release injection (Buvidal)	Summary of best available evidence

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Programme	Topic	Recommendation
Medtech Innovation Briefings (MIB)	LiMAx system for assessing the functional capacity of the liver	Summary of best available evidence
	RT300 for spinal cord injury rehabilitation	Summary of best available evidence
	Path Finder for freezing of gait in people with Parkinson's disease	Summary of best available evidence
	StoneChecker for kidney stone evaluation	Summary of best available evidence
	Axumin for functional imaging of prostate cancer recurrence	Summary of best available evidence
	Prevena	Summary of best available evidence
Evidence Surveillance Reviews	CG184 Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management	Surveillance review decision
	CG52 Drug misuse in over 16s: opioid detoxification	Surveillance review decision
	PH52 Needle and syringe programmes	Surveillance review decision
	CG100 Alcohol-use disorders: diagnosis and management of physical complications	Surveillance review decision
	CG16 Self-harm in over 8s: short-term management and prevention of recurrence – exceptional surveillance review	Surveillance review decision
	CG133: Self-harm in over 8s: long-term management – exceptional surveillance review	Surveillance review decision
	PH13 Physical activity in the workplace – exceptional surveillance review	Surveillance review decision
	CG190 Intrapartum care for healthy women and babies	Surveillance review decision
	CG75 Metastatic spinal cord compression in adults: risk assessment, diagnosis and management	Surveillance review decision
	CG151 Neutropenic sepsis: prevention and management in people with cancer	Surveillance review decision
	CG31 Obsessive-compulsive disorder and body dysmorphic disorder: treatment	Surveillance review decision
	PH41 Physical activity: walking and cycling - exceptional surveillance review	Surveillance review decision

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Programme	Topic	Recommendation
	CG57 Atopic eczema in under 12s: diagnosis and management – exceptional surveillance review	Surveillance review decision
	CG50 Acutely ill adults in hospital: recognising and responding to deterioration	Surveillance review decision
	NG51 Sepsis: recognition, diagnosis and early management	Surveillance review decision
	CG148 Urinary incontinence in neurological disease: assessment and management	Surveillance review decision

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 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.

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

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

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

Evidence summaries and medtech innovation briefings:
Both publications provide information (but not guidance) about a particular topic.

Surveillance reviews:
These reports bring our knowledge of current evidence on guidance we have already published up to date.

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Appendix 5: Science, Advice and Research Programme progress report

NICE Scientific Advice

1. Over January and February 2019, NICE Scientific Advice (NSA) initiated 6 new advice projects, 3 new META Tool projects, held a META Tool facilitator training day and delivered a further 7 external engagements, including speaking slots at the CAR-TCR Europe Summit, an EMIG members meeting and an EORTC ECI workshop in Brussels. The team will also deliver a Digital Evidence Standards masterclass, in collaboration with Digital Health London, MedCity and the AHSN Network, aimed at helping NHS commissioners understand and interpret the newly published NICE evidence standards to support decision making. The team is also providing advice to the Royal College of Physicians and NHS England as they develop a framework to help with selecting, monitoring and reporting on digital GP consultation tools used within the NHS. The project will culminate in a report outlining agreed evaluation standards and data sets, including sources for measuring the impact of Online Consultation services and their implementation.

2. The International Knowledge Transfer service hosted 2 international delegations from Cuba and Japan, respectively. The delegation from Cuba included attendees from BioCubafarma, Centre for Molecular Immunology, Centre for Genetic engineering and Biotechnology and the British embassy in Cuba. Discussions about future collaboration for educational and consultancy activities were held. The Japanese delegates were representing the Institute for Health Economics and Policy, and we hosted a seminar on the perspective of NICE on initiatives for reforms related to pharmaceutical products. The team continued attending the regular meetings of the NHS International Health Group and the NHS Confederation International Group.

3. Having experienced lower-than-anticipated demand for scientific advice services over the 2018/19 financial year, NSA has made significant progress with the mitigation strategy for Q4, focussing on a short-term business development drive, market research, a spend review and the development of a new pricing structure for 2019/20. So far, 9 market research calls have been completed with a further 2 scheduled. The spend review has been completed and a set of recommendations have been produced to ensure that spending continues to be carefully managed. There have been several enquiries received through the business development drive which has strengthened the pipeline of potential projects. In addition, the team has made further refinements to proposals for a

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new pricing model for NSA services. This will be considered again by the NSA Oversight Group before implementation in 2019/20.

Office for Market Access

4. The Office for Market Access (OMA) has delivered 12 engagements up until the end of February 2019, covering a broad range of themes across the whole life sciences industry. Interest in OMA services continues to be high with a number of engagements already scheduled for 2019/20 and there is enthusiasm from companies requesting follow-up engagements.

Science Policy and Research

New research projects: EHDEN and HTx

5. Two new European funded projects are being delivered through the Science Policy and Research programme. NICE is co-leading a work package on outcomes-driven healthcare research in the Electronic Health Data & Evidence Network (EHDEN) project. This five-year, 23-partner international research project is funded through the Innovative Medicines Initiative and its objective is build a large-scale, sustainable federated network of standardised data sources in Europe. The EHDEN project will provide the tools and expertise to institutes across Europe to map their clinical data to the Observational medical outcome partnership common data model (OMOP-CDM). This way, a federated network of data sources can be established in Europe that will enable observational studies to be performed in its network across multiple jurisdictions. NICE's role involves assessing the suitability of the OMOP-CDM for generating data that can support regulatory and health technology assessment procedures. The work may result in new data and analytical methods that could help generate relevant evidence to inform our guidance.

6. HTx is a Horizon 2020 funded project where NICE is one of 15 partners. The project aims to create and test a framework for 'next generation' health technology assessment that will provide solutions for a broad range of challenges, such as personalised medicine, combination therapies, big data and artificial intelligence (AI). NICE's main role is to provide insight on the acceptability and usefulness of proposed solutions from the European HTA perspective. NICE will also work with academic partners on methods development for artificial intelligence and big data. Outputs developed in this project could help inform NICE's future methods development across a range of future challenges. NICE was awarded EUR 800,000 over 5 years to deliver its activity on the project.

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Accelerated Access Collaborative Secretariat

7. The Accelerated Access Collaborative (AAC) Secretariat is continuing to work with partners and companies to develop the support offers for the 12 rapid uptake products which were selected for AAC support. The AAC Steering Group met in January and discussed the metrics to be used to measure the effectiveness of these support offers, and also discussed a number of policy points regarding the future role of the AAC.

8. The AAC Secretariat continues to roll out the new product identification process, and the products identified so far by AAC partners will be discussed at the next Steering Group meeting in late February.

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Finance and workforce report

This report gives details of the financial position as at 31 January 2019.

The Board is asked to review the report.

Catherine Wilkinson

Acting Director, Business Planning and Resources

March 2019

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Financial Position as at 31 January 2019

Summary

1. Table 1 summarises the financial position as at 31 January 2019. There is a full analysis in Appendix 1

Table 1 Financial Position at 31 January 2019

	Year to date (31 January 2019)				Estimated Outturn (31 March 2019)			
	Budget £m	Expenditure £m	Income £m	Variance £m	Budget £m	Expenditure £m	Income £m	Variance £m
Guidance & Advice	42.0	41.7	(1.0)	(1.3)	50.9	50.2	(1.1)	(1.7)
Corporate	11.0	11.4	(0.8)	(0.3)	13.2	13.9	(0.9)	(0.3)
Science Advice & Research	0.2	2.5	(2.0)	0.4	0.2	3.0	(2.4)	0.4
Other Income	(10.3)	0.0	(10.3)	0.0	(12.2)	0.0	(12.4)	(0.2)
Reserves	0.1	0.1	0.0	0.0	0.5	0.3	0.0	(0.2)
Grand Total	**42.9**	**55.8**	**(14.1)**	**(1.3)**	**52.6**	**67.4**	**(16.7)**	**(1.9)**

2. Table 1 above shows a total under spend of £1.3m (3%) at the end of January 2019. This is primarily as a result of underspends on pay expenditure attributable to vacant posts.

3. The full-year forecast position is an under spend of £1.9m, this is an increase of £0.1m to the figure provided in the January finance and workforce report.

4. The capital budget of £0.5m is currently underspent, with £0.1m actual and committed spend during the first ten months of the year.

5. Total expenditure to 31 January 2019 was £55.8m and income recognised was £14.1m. Thus the net expenditure was £41.7m, which was £1.3m (3%) lower than the budget of £42.9m. The under spend is primarily comprised of:

   - £1.2m pay arising from vacant posts across the Directorates.

   - £0.4m non pay mainly due to MedTech external assessment centre contracts underspending and lower than budgeted programme support costs.

   - The above under spends are offset by income being £0.3m lower than anticipated, this is mainly attributable to the Science, Advice and Research Directorate.

6. Appendix 1 shows in detail the financial position and forecast outturn by centre and directorate. Directors receive detailed monthly reports on the financial performance of their directorates and SMT receive a finance report detailing the summary position, forecast and issues on a bi monthly basis.

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Pay and resourcing

7. Total pay expenditure to 31 January 2019 was £29.5m, which was a £1.2m (4%) under spend against budget. This is mainly made up of the following areas:

   - £0.34m (8%) in Evidence Resources

   - £0.30m (4%) in the Centre for Health Technology Evaluation

   - £0.25m (5%) in the Centre for Guidelines.

8. As at 31 January 2019 there were 619 wte staff in post against a budget of 682 wte, with vacant budgeted posts totalling 63 wte (a 9% vacancy rate). The budgeted vacancy rate has been consistently around 10% for the first 10 months of the year. It should be noted that not all vacancies are "live" in terms of active recruitment as teams may be considering options or awaiting confirmation of continued funding. As at 5 March 2019 2 vacancies were out to active recruitment, 10 were at shortlist/interview stage, 18 offers had been made and 17 start dates have been booked.

9. The HR team are continuing to explore ways to enhance recruitment and also improve staff retention rates. It should however be noted that analysis of recruitment data shows that approximately 50% of all vacancies are currently being filled by internal candidates. Further details are provided in the workforce section of this report.

Non-Pay Expenditure

10. Total non-pay expenditure to 31 January 2019 was £26.3m, which was a £0.43m (2%) under spend against budget.

11. Key non-pay variances include a year to date under spend of £0.21m due to lower than budgeted NICE Scientific Advice expenditure on expert fees and travel costs as a result of lower than anticipated client demand for services. This under spend has been fully offset by income being lower than anticipated across the same period. Further details are provided in the income section of this report.

12. The Centre for Health Technology Evaluation has a year to date under spend of £0.23m mainly due to not utilising the call off element of the new MedTech external assessment centre contracts that began on 1 October 2018. In addition to the fixed monthly payments the new contracts now have a flexible call off budget (40% of total contract value) that is utilised in line with actual

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activity. Due to the phasing of activity across the life of the new contract this call off element of the contract is unlikely to be fully utilised in 2018/19.

13. The Business Planning and Resource Directorate has a year to date under spend of £0.13m mainly due to meeting expenses, room hire and office equipment expenditure being lower than anticipated. This has been partially offset by an over spend on computer hardware and course fees in HR.

14. Depreciation and amortisation charges are lower than budgeted (£0.09m) mainly due to NICE not fully utilising its capital allowance in 2018/19. Further details are provided in the capital section of this paper.

15. The above have been offset by an over spend of £0.17m in the Centre for Guidelines mainly due to additional printing costs associated with the BNF. This over spend has been partially offset by additional income from the devolved administrations to cover their share of the additional printing costs.

16. The full year forecast outturn for non-pay is an under spend of £0.68m against budget. This is mainly due to an expected increase in the existing under spends identified above.

Income

17. Total income and other funding sources as at 31 January 2019 was £14.1m and is £0.32m below budget. £10.8m of the total income received relates to agreements we have in place with the devolved administrations (£1.7m), NHS England (£5.7m) and Health Education England (£3.4m) to use NICE services and products or fund programmes within the organisation.

18. The other income received relates to the Scientific Advice programme (£1.4m), subletting office space (£0.8m), Science Policy & Research grants (£0.5m) and IP and copyright income (£0.2m). The remaining income (£0.4m) is for smaller and ad-hoc services spread across multiple programmes.

19. The year to date variance of £0.32m on income is mainly due to lower than anticipated income in the Science, Advice and Research (SAR) Directorate, which comprises the NICE Scientific Advice and Science Policy and Research teams. This is mainly due to lower than expected income in NICE Scientific Advice (£0.53m). As at 31 January 2019 NICE Scientific Advice generated a net deficit of £0.3m after staff costs and other expenditure including a contribution to overheads. The full year projection is for NICE Scientific Advice to be in deficit by £0.37m. The deficit position is mainly attributable to lower than anticipated client demand in 2018/19, disruption associated with long term sickness absence and the departure of the director. The new director is now in post and it is anticipated that activity will pick up again. In addition to

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the above, income in Science Policy and Research is £0.18m lower than anticipated, this is mainly due to the phasing of activity across the life of the grants. The variances detailed above are partially offset by expenditure being lower than anticipated in the Directorate. The net effect of this is a year to date deficit of £0.37m for the SAR Directorate.

20. The deficit within the Science Advice and Research Directorate is offset by over recovery of income in other areas including:

- Increased office lease income (£45k) as a result of HFEA using additional space in the London office.

- Higher than anticipated copyright and knowledge transfer income in the IP and Content Business Management team in Evidence Resources (£125k) with total income of £187k against a year-to-date target of £63k.

- Higher than anticipated income (£125k) from the devolved administrations relating to the BNF in the Centre for Guidelines to cover the additional printing costs associated with their copies.

Forecast Outturn

21. The current forecast is for the overall year-end outturn to be an under spend of £1.9m, consisting of £1.76m underlying underspends across all teams as described above continuing for the rest of the year (mainly due to vacancies) and £0.17m uncommitted reserves. This forecast is inclusive of assumptions made about successful recruitment to vacant positions and income generating teams achieving their planned targets.

22. The forecast under spend of £1.9m is an increase of £0.1m to the figure provided in the January finance and workforce report. This increase is mainly due to continuing under spends associated vacant posts across the Centres and Directorates.

23. As at 31 January 2019 uncommitted reserves are £0.5m, however £0.3m of this total has been set aside as a contingency for unforeseen expenditure and liabilities arising before the end of the financial year. The uncommitted reserves balance is mainly due to the budgets for SMT approved non-recurrent expenditure not being transferred to directorates that are underspending within their current budgets. This additional expenditure is instead being offset against existing budgetary under spends and therefore a transfer from reserves has not been necessary.

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Capital

24. The 2018/19 capital allocation is £0.5m. At present £6,500 has been utilised for the installation of a new CCTV system in the Manchester Office. In addition to this the installation of four new meeting pods in the Manchester office (£50,000) and IT expenditure relating to anti-virus software (£58,000) is expected to be capitalised in 2018/19.

Workforce

Resourcing

25. We have now served notice to the NHS Business Services Authority (BSA) who currently provide outsourced recruitment administration for NICE. It is anticipated that we will have completed the procurement for a new applicant tracking system by July, and will transition from NHS BSA to in-house recruitment from August onwards.

Culture

26. We have launched a new occupational health and employee assistance programme. People Asset Management (PAM) ran some sessions for employees as part of healthy work week and we plan to run more throughout the year.

27. In January and February, the HR team ran masterclasses for managers on raising concerns and whistleblowing, which aimed to make the process transparent and accessible. These were attended by 126 managers.

28. Since the last Board meeting 15 new mental health first aiders have been trained, meaning that 7% of our workforce are now mental health first aiders. Three more cohorts of mental health first aid training are planned for 2019 which includes a member of the SMT.

29. The annual Healthy Work Week was held at the end of January. It was well received, with 77% of survey respondents agreeing that activities and information were relevant to their goals and 88% agreeing that we should run healthy work week every year. 47% of respondents indicated that they intended to make a change to their lifestyles following healthy work week.

30. As part of our activities to increase the number of BAME leaders at band 7 and above, one of our BAME senior leaders gave a talk on her career progression to interested staff. The event received very positive feedback, and there will be a follow-up blog for staff who were unable to attend the event. We continue to look for and support development and training opportunities for BAME staff.

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Maximising potential

31. The SMT has agreed the launch of fifteen new leadership and management apprenticeships for existing staff members. We will be holding a competitive application process for Institute of Leadership and Management qualifications at levels 3 and 5, as well as three MBA (level 7) qualifications.

32. To celebrate national apprenticeship week in March, we have promoted apprenticeships for existing staff members through articles and blogs on NICE Space. We have also run special events for apprentices and line managers.

33. We have now transferred our learning management system to ESR, which will result in a cost saving of £15k per year, as well as enabling real-time self-service reporting for our line managers to ensure their teams are compliant with their mandatory training and keep staff training and leave records in one place.

34. The 2019/20 annual appraisal round will be launched at the end of March. Alongside a refreshed appraisal template designed to encourage reflective practice, the HR team are running masterclasses for line managers to support them in delivering meaningful and high-quality appraisals.

Reward and recognition

35. We have introduced a pilot scheme where staff can purchase up to an additional five days of annual leave in 2019-20. Approximately 90 staff have asked to take advantage of this scheme.

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Appendix 1 Summary of Financial Position

The table below is a summary of the financial position per centre and directorate as at 31 January 2019.

Centre / Directorate		Year to Date				Estimated Outturn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %	Budget £000s	Expenditure £000s	Variance £000s	Variance %
Centre for Guidelines	Pay	5,298	5,050	(247)	(5%)	6,377	6,090	(287)	(4%)
	Non pay	10,293	10,459	166	2%	12,256	12,348	92	1%
	Income	(553)	(678)	(125)	(23%)	(624)	(749)	(125)	(20%)
	Total	15,038	14,831	(207)	(1%)	18,010	17,689	(320)	(2%)
Centre for Health Technology Evaluation	Pay	6,838	6,535	(302)	(4%)	8,297	7,914	(383)	(5%)
	Non pay	2,750	2,521	(229)	(8%)	3,260	2,896	(364)	(11%)
	Income	0	(8)	(8)	--	0	(8)	(8)	--
	Total	9,588	9,049	(539)	(6%)	11,557	10,802	(755)	(7%)
Health and Social Care	Pay	6,315	6,267	(48)	0	7,677	7,626	(51)	(1%)
	Non pay	1,876	1,911	34	2%	2,536	2,309	(227)	(9%)
	Income	0	(46)	(46)	--	0	(58)	(58)	--
	Total	8,191	8,132	(60)	(1%)	10,213	9,877	(336)	(3%)
Evidence Resources	Pay	4,291	3,949	(342)	(8%)	5,188	4,749	(439)	(8%)
	Non pay	5,033	5,032	(1)	(0%)	6,041	6,287	246	4%
	Income	(108)	(251)	(144)	(134%)	(135)	(264)	(129)	(95%)
	Total	9,217	8,730	(487)	(5%)	11,094	10,772	(322)	(3%)
Science Advice and Research	Pay	2,357	2,227	(130)	(6%)	2,831	2,660	(171)	(6%)
	Non pay	478	273	(205)	(43%)	572	318	(254)	(44%)
	Income	(2,681)	(1,972)	708	26%	(3,183)	(2,352)	831	26%
	Total	154	529	374	n/a	220	626	406	n/a
Subtotal Guidance and Advice		**42,188**	**41,271**	**(918)**	**(2%)**	**51,094**	**49,767**	**(1,327)**	**(3%)**

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Centre / Directorate		Year to Date				Estimated Outturn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %	Budget £000s	Expenditure £000s	Variance £000s	Variance %
Communications	Pay	2,996	2,972	(23)	(1%)	3,605	3,570	(35)	-1%
	Non pay	310	302	(9)	3%	369	374	6	2%
	Income	0	(1)	(1)	--	0	(1)	(1)	--
	Total	**3,306**	**3,273**	**(34)**	**(1%)**	**3,973**	**3,943**	**(31)**	**(1%)**
Business Planning and Resources	Pay	2,452	2,407	(45)	(2%)	2,944	2,908	(36)	(1%)
	Non pay	5,274	5,145	(129)	(2%)	6,345	6,287	(58)	(1%)
	Income	(732)	(780)	(48)	(7%)	(879)	(927)	(48)	(5%)
	Total	**6,994**	**6,772**	**(222)**	**(3%)**	**8,411**	**8,269**	**(142)**	**-2%**
Subtotal Corporate		**10,300**	**10,044**	**(256)**	**(2%)**	**12,384**	**12,211**	**(173)**	**(1%)**
Depreciation	Non pay	708	616	(92)	(13%)	850	756	(94)	(11%)
	Total	**708**	**616**	**(92)**	**(13%)**	**850**	**756**	**(94)**	**(11%)**
Other Income	Income	(10,334)	(10,350)	(16)	0%	(12,190)	(12,357)	(166)	(1%)
	Total	**(10,334)**	**(10,350)**	**(16)**	**0%**	**(12,190)**	**(12,357)**	**(166)**	**1%**
Reserves	Pay	85	45	(40)	(47%)	444	295	(150)	(34%)
	Non pay	0	40	40	--	61	40	(21)	(34%)
	Total	**85**	**85**	**0**	**0%**	**505**	**335**	**(170)**	**(34%)**
NICE Grand Total	Pay	30,631	29,454	(1,178)	(4%)	37,363	35,812	(1,551)	(4%)
	Non pay	26,723	26,299	(425)	(2%)	32,291	31,616	(675)	(2%)
	Income	(14,407)	(14,086)	320	2%	(17,011)	(16,716)	295	2%
	Total	**42,948**	**41,666**	**(1,282)**	**(3%)**	**52,643**	**50,712**	**(1,931)**	**(4%)**

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NICE impact: mental health

This report provides the Board with information on how NICE's evidence-based guidance contributes to improvements in mental health.

It also highlights the activities of the system support for implementation team to address implementation issues identified in the NICE impact report and provides information about NICE's communications activity in relation to the previous impact report on sexual health.

The Board is asked to review the NICE impact mental health report and note the actions taken by the system support for implementation team and the communications activity.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

March 2019

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Introduction

1. The attached report is the eighth in a series of NICE impact reports and its focus is mental health. It highlights that while progress has been made across the system, there is still room for improvement. For example, the number of people receiving NICE recommended psychological therapies through the IAPT programme has increased from approximately 435,000 in 2012/13 to over 1 million in 2017/18, but surveys suggest people's experience using community mental health services is declining in quality.

2. NICE impact reports, where relevant, include examples of shared learning. Shared learning examples show how NICE guidance and standards have been put into practice by a range of health, local government and social care organisations and can provide context for the impact reports. As the shared learning examples can take up considerable space in the report, and this is now the eighth report, the Board are asked to provide feedback on their inclusion.

System support for implementation

3. The system support for implementation team is working with key system partners such as NHS England, Health Education England (HEE), Care Quality Commission (CQC) and the mental health strategic clinical networks to deliver a programme of work to support implementation of NICE mental health guidance and standards. Key forthcoming activities include:

   - Refreshing the quality standards for service user experience, which will help to promote areas of concern highlighted in the latest CQC survey.

   - The field team will be delivering an engagement campaign with mental health strategic clinical networks to influence the use of NICE mental health products.

   - Strategic engagement with stakeholders such as the Equally Well UK collaborative, NHS England's expert reference group and HEE to encourage proactive dissemination and implementation of NICE guidance.

   - Support the workforce and training development work led by HEE to inform the future commissioning of training for staff delivering psychological interventions in mental health services and HM prison services and forensic services.

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Promoting NICE impact reports: sexual health

4. The communications team continue to use each impact report as a theme to promote NICE's work more generally. It is an embedded part of our strategic approach to external communications.

5. The last NICE impact report, sexual health, was published on the NICE website on 5 February 2019 and was widely promoted. What follows is a summary of the various activities and channels used to raise awareness amongst our stakeholders of the sexual health impact report and the important issues it addresses:

Social media

6. We promoted the sexual health impact report via our social media channels. The number of views and rates of engagement on our LinkedIn, Twitter, and Facebook postings were all very good. We will continue to promote the report as part of a wider social media campaign throughout March to highlight all the guidance and resources NICE has produced on sexual health.

LinkedIn

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Twitter

NICE @NICEcomms
Want to know how NICE guidance is helping to improve the nation's sexual health? Have a read of our impact report here: http://bit.ly/2SpBg7J #sexualhealth #publichealth pic.twitter.com/mshMzBdf2k

Promote your Tweet
Your Tweet has 6,236 total impressions so far. Get more impressions on this Tweet!

Promote your Tweet

Impressions	6,236
Total engagements	214
Detail expands	128
Link clicks	30
Media engagements	17
Hashtag clicks	12
Likes	10
Retweets	9
Profile clicks	8

NICE @NICEcomms
How are we protecting the nation's sexual health? Professor Gillian Leng, our deputy chief executive, discusses our new sexual health impact report in her recent blog: http://bit.ly/2UBoOPE @nhenews #sexualhealth #publichealth pic.twitter.com/vAD6LbMY5v

Promote your Tweet
Your Tweet has 5,471 total impressions so far. Get more impressions on this Tweet!

Promote your Tweet

Impressions	5,471
Total engagements	163
Detail expands	138
Retweets	7
Media engagements	6
Link clicks	6
Likes	5
Profile clicks	1

NICE @NICEcomms
Want to know how NICE guidance is helping to improve the nation's sexual health? Have a read of our impact report here: http://bit.ly/2SpBg7J #sexualhealth #publichealth pic.twitter.com/kTrO6tDefA

Promote your Tweet
Your Tweet has 5,519 total impressions so far. Get more impressions on this Tweet!

Promote your Tweet

Impressions	5,519
Total engagements	101
Detail expands	51
Link clicks	24
Media engagements	9
Retweets	6
Likes	4
Hashtag clicks	4
Profile clicks	3

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Facebook

National Institute for Health and Care Excellence
6 February at 09:00

Want to know how NICE guidance is helping to improve the nation's sexual health? Have a read of our new impact report: http://bit.ly/2TwucU4

"Accessible information and services are key to empowering people to make their own decisions about their sexual health. We need to keep up the momentum to ensure those most at risk of unintended pregnancies and sexually transmitted infections get the right support at the right time.

Professor Gillian Leng
Deputy chief executive and director of health and social care at NICE

NICE National Institute for Health and Care Excellence

Performance for your post

1,185 People Reached

8 Likes, Comments & Shares

5 Likes	**5** On Post	**0** On Shares
1 Comments	**1** On Post	**0** On Shares
2 Shares	**2** On Post	**0** On Shares

12 Post Clicks

3 Photo views	**1** Link clicks	**8** Other Clicks

NEGATIVE FEEDBACK

0 Hide Post	**0** Hide All Posts
0 Report as Spam	**0** Unlike Page

Reported stats may be delayed from what appears on posts

National Institute for Health and Care Excellence
8 February at 09:00

Want to know how NICE guidance is helping to improve the nation's sexual health? Have a read of our impact report here: http://bit.ly/2TwucU4

NICE.ORG.UK
www.nice.org.uk

524 People reached	**21** Engagements	**Boost Post**

Vijayendran Swaminathan, Sonar Ahmad and 2 others   2 shares

Like   Comment   Share

Performance for your post

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4 Likes	**4** On Post	**0** On Shares
0 Comments	**0** On Post	**0** On Shares
2 Shares	**2** On Post	**0** On Shares

15 Post Clicks

0 Photo views	**12** Link clicks	**3** Other Clicks

NEGATIVE FEEDBACK

0 Hide Post	**0** Hide All Posts
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Working with partners and key stakeholder organisations

7. We worked closely with our stakeholders to encourage them to spread the word about the sexual health impact report through their networks and communication channels. Below are some examples of the activities that have been carried out as a result of this work:

- The National Health Executive (NHE), published a blog by Gill Leng: How are we protecting the nation's sexual health? This forms part of a series of blogs that NHE is publishing on all of our impact reports.

- The Faculty of Sexual Health and Reproductive Healthcare featured the report in its members' newsletter, published a news story on its website and promoted the report via its social media channels.

- Public Health England included the impact report in its stakeholder bulletin.

- The Association for Young People's Health shared the impact report via its social media channels and included it in its member newsletter.

- The Association of Directors of Children's Services linked to the report in its weekly member bulletin.

- The British Association for Sexual Health and HIV promoted the impact report via its social media channels and produced a news article to promote it on its website.

- The Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit published a news item on its website to promote the report. It also promoted the report via its social media channels and within its monthly newsletter and policy briefing.

- The Royal College of General Practitioners linked to the impact report in its weekly member bulletin

- The Royal Society of Public Health shared the impact report via its social media channels. It also promoted Gill Leng's National Health Executive blog on the report through its member newsletter.

- The President of the Society of Sexual Health Advisers shared the impact report with his members.

Media team activities

8. Our media team is delivering a multi-channel strategy for sexual health to promote NICE's work on the topic throughout the months of February and March. Activities include Facebook Live, NICE Talks (podcast) and a series of Instagram posts.

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Events

9. Our events team continue to promote our impact reports at relevant events, exhibitions and speaking engagements. This includes promoting the reports to delegates on the NICE stand and asking NICE speakers to mention them in relevant presentations.

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NICEimpact
mental health

NICEimpact *mental health*

One in 4 adults experiences a mental health condition in any given year, and mental health conditions are the largest single cause of disability in the UK. This report considers how NICE's evidence-based guidance can contribute to improvements in the care of people with mental health conditions.

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

We work with partners including NHS England and Public Health England to support changes, and we also look for opportunities to make savings by reducing ineffective practice. We will explore areas of unwarranted variation to understand the challenges of implementing the recommendations discussed in this report.

Common mental health disorders p4

Over 1 million people received NICE-recommended psychological treatments for common mental health disorders in 2017/18. NICE is working with NHS England to assess digitally-enabled therapies which offer the potential to expand services further.

Severe mental illness p8

People with severe mental illness are at risk of dying much earlier than other people. To help improve outcomes, NICE recommendations include early intervention for people with a first episode of psychosis, offering comprehensive physical health assessments and making psychological therapies available.

People's experience of care p15

Survey results suggest that more could be done to ensure that people using specialist mental health services experience good care as described by NICE.

Spotlight on children and young people p18

More children and young people are receiving specialist mental healthcare but there is unmet need. The NHS Long Term Plan and a government green paper lay out plans to transform children and young people's mental health provision.

Commentary p20

Paul Farmer, Chief Executive of Mind, reviews recent achievements and considers NICE's role in improving mental healthcare.

Why focus on mental health?

NICE impact reports review how NICE recommendations for evidence-based and cost-effective care are being used in priority areas of the health and care system, helping to improve outcomes where this is needed most.

33 guidelines

18 quality standards

8 technology appraisals

5 Improving Access to Psychological Therapies assessment briefings

3 interventional procedure guidance

NICE provides evidence-based guidance and advice to help improve health and social care services. The uptake of NICE guidance is influenced by close relationships with partners such as NHS England, NHS Improvement and Public Health England (PHE).

Since 2002 and the publication of NICE's first clinical guideline, on schizophrenia, we have produced an **extensive suite** of guidance and quality standards to support the identification and management of mental health conditions. Our guidance covers common and severe mental health conditions in children, young people and adults.

In 2015, the independent **Mental Health Taskforce** was formed to create the **Five Year Forward View for Mental Health** for the NHS in England. The **NHS Long Term Plan** builds on this strategy and pledges to grow investment in mental health services faster than the overall NHS budget for each of the next 5 years.

NICE guidance is the foundation of many commitments in these national strategies, including improvements in:
- access to psychological therapies,
- physical healthcare for people with severe mental illness, and
- people's choice and control over their care.

We routinely collect data which give us information about the uptake of our guidance. To produce this report, we have worked with national partners to select those data which tell us about how NICE guidance might be making a difference in these priority areas of mental healthcare. They also highlight areas where there is still room for improvement.

Common mental health disorders in adults

Common mental health disorders affect an estimated **1 in 6 adults** at any one time. The **Improving Access to Psychological Therapies** (IAPT) programme offers NICE-recommended treatments for these conditions.

Common mental health disorders include depression and anxiety disorders such as generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, body dysmorphic disorder, post-traumatic stress disorder and social anxiety disorder.

IAPT has made NICE-recommended psychological therapies for these conditions more widely available but there remains unmet need. NICE is working with NHS England to identify and assess digitally enabled therapies which offer the potential to expand services further.

NICE's guideline on **identification and pathways to care for common mental health problems** aims to improve how mental health conditions are identified and assessed. This is supported by a suite of guidance and quality standards on the recognition and management of **depression** and **anxiety disorders**.

Estimates of the total prevalence of common mental health disorders vary, but data from the **Quality and Outcomes Framework** show that over 4.5 million adults had a diagnosis of depression in 2017/18. This is around 10% of all adults registered with a GP, up from around 6% in 2012/13, and there is wide regional variation. The proportion of people with mental health conditions is higher in areas with more deprivation; poverty can be **a cause or consequence** of mental ill health.
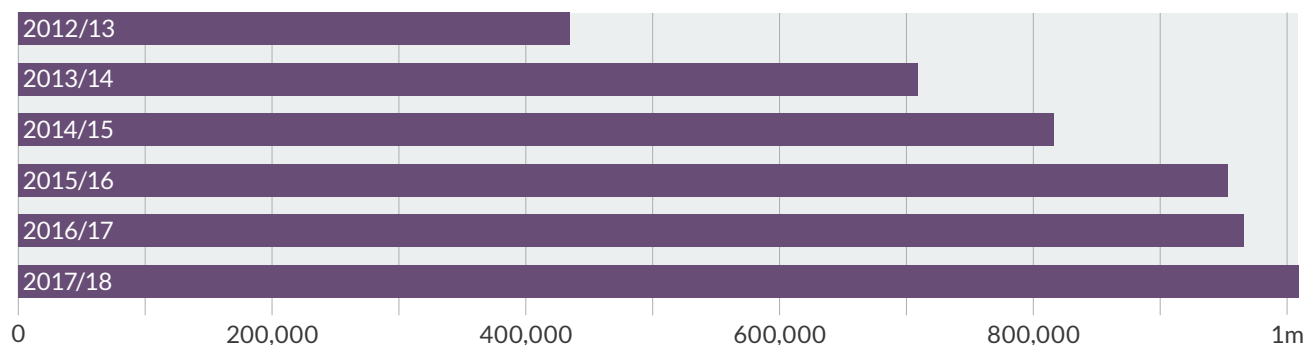
* *The percentage of adults with a diagnosis of depression ranged from 5% to 15% across England's clinical commissioning groups in 2017/18*

Increasing access to evidence-based psychological therapies for people with common mental health conditions is a priority in the **Five Year Forward View for Mental Health** and the **NHS Long Term Plan**. This section reviews how NICE is contributing to that ambition.

Psychological therapies

NICE recommends psychological therapies as part of a stepped-care model for treating common mental health disorders. This means providing the least intrusive, most effective intervention first, and monitoring progress and outcomes to ensure the person moves to a higher step if needed. NHS England's IAPT programme delivers psychological therapies in line with these recommendations.

The programme began in 2008 and **NHS Digital** has published annual data since 2012. The number of people receiving NICE-recommended psychological therapies through the IAPT programme has more than doubled since then, from around 435,000 in 2012/13 to over 1 million in 2017/18.

The number of people who entered treatment after referral to IAPT services, England

Year	
2012/13	
2013/14	
2014/15	
2015/16	
2016/17	
2017/18	

0   200,000   400,000   600,000   800,000   1m

The Five Year Forward View for Mental Health highlights that, at the time of publication in 2016, around 15% of people with anxiety and depression were being seen by IAPT services. NHS England **plans to extend** that to 25%, so that at least 1.5 million adults each year will access NICE-recommended care by 2020/21. The NHS Long Term Plan commits to an additional 380,000 adults being able to access IAPT services by 2023/24.

IAPT for people with long term health conditions and medically unexplained symptoms

NICE's guideline on **depression in adults with a chronic physical health problem** highlights that depression is approximately 2 to 3 times more common in people with a chronic physical health problem than in people who have good physical health.

The Five Year Forward View for Mental Health recommended that delivering psychological therapies to people with long term conditions should be prioritised in the expansion of IAPT.

In response, NHS England has introduced a requirement for all clinical commissioning groups to offer IAPT services integrated with physical healthcare pathways.

To help with implementation, an **IAPT pathway** for long term physical health conditions and medically unexplained symptoms has been commissioned by NICE on behalf of NHS England. This sets out the treatment pathway underpinning the **access and waiting time standards**. It references NICE recommendations and provides evidence on what works, as well as local case studies of service-led examples that describe how to make IAPT for long term conditions a reality.

Digitally enabled therapies

The Five Year Forward View for Mental Health: **One Year On** highlights that digitally enabled therapies present an opportunity to broaden access to IAPT services and could help deliver NHS England's plans for IAPT expansion. NICE is working with NHS England to identify and assess digitally enabled therapies which offer the potential to expand IAPT services.

The new **digitally enabled therapy assessment programme** aims to identify good quality, evidence-based digitally enabled psychological therapies. The programme will use ongoing data collection in IAPT services to assess whether patient outcomes are at least as good as those achieved by NICE-recommended, non-digital therapy. It will also determine whether there are improvements in service efficiency by saving therapist time.

NICE is leading the first phase by selecting and assessing digital therapies. Each digital therapy is assessed on its therapeutic content, clinical evidence, expected resource impact and whether it meets NHS Digital's **digital standards**. After reviewing the **assessment evidence**, NICE's IAPT expert panel decides whether the digital therapy is suitable for the evaluation in practice phase or not. They can also recommend that it needs further development.

Digital therapies which are recommended for the evaluation in practice phase will be assessed in selected IAPT services for up to 2 years. The outcomes of this evaluation will help services choose high quality, evidence-based products which are cost-effective and achieve good outcomes for those who wish to access therapy in this way.

IAPT for people from black, Asian and other minority ethnic groups

NICE's quality standard on **promoting health and preventing premature mortality in black, Asian and other minority ethnic groups** draws attention to areas of inequality, including increased health risks, poor access to and experience of services, and worse health outcomes. One area of inequality highlighted in the quality standard is mental healthcare.

Historically, surveys have suggested that fewer people from black, Asian and other minority ethnic groups have accessed

50

digital therapies presented to IAPT expert panel

13

digital therapies assessed as eligible for the programme

5

IAPT assessment briefings published

3

digital therapies recommended for evaluation in practice

mental health treatment. In 2014, NHS Digital's **Adult Psychiatric Morbidity Survey** found that 14% of people with a white British family background said they were receiving treatment at the time of the interview, compared to only 7% of people from minority ethnic groups.

More recent data show that rates of IAPT treatment completion and recovery vary by ethnicity. In 2017/18, around 43% of all people referred to IAPT went on to complete treatment. However, for people from black, Asian or other minority groups who were referred, only around 37% completed treatment and recovery rates were poorer.

The Five Year Forward View for Mental Health emphasised the need to tackle inequalities. To help address this, since 2017 NHS England's **Quality Premium** has included a focus on improving mental health outcomes for people from black, Asian and other minority ethnic groups. This payment is intended to reward Clinical Commissioning Groups (CCGs) for improvements in the quality of the services they commission.

To achieve this element of the payment, CCGs must show improvement in the recovery rate of people accessing IAPT services who are from a black, Asian or other minority ethnic group. Progress against this measure is now tracked in the quarterly **Mental Health Five Year Forward View Dashboard**.

51%
of all people moved to recovery after completing IAPT treatment

46%
of people from a black, Asian or other minority ethnic group moved to recovery after completing IAPT treatment

Improving access to mental healthcare for women of south Asian family origin

To help reduce mental healthcare inequalities, NICE's quality standard on promoting health and preventing mortality in black, Asian and other minority ethnic groups states that people from these groups should be able to access mental health services in a variety of community-based settings.

Birmingham and Solihull Mental Health NHS Foundation Trust identified that there were barriers to accessing mental healthcare for women of south Asian family origin. They adapted their IAPT service by developing a culturally sensitive treatment group, described in a NICE **shared learning example.**

The group-based intervention, delivering care in line with NICE recommendations, is facilitated by psychological wellbeing practitioners who speak Hindi, Urdu, Punjabi or Bengali. Sessions are held in community centres in order to reduce the stigma and overcome reluctance to engage with mental health services.

Analysis of recent sessions showed a recovery rate of 54% for those who entered treatment with mild to moderate symptoms. A feedback exercise found that 95% of the women who took part in the groups reported having a positive experience.

Severe mental illness

People with severe and prolonged mental illness are at risk of dying on average **15 to 20 years earlier** than other people. Good physical healthcare and access to evidence-based treatments are important to reduce this health inequality.

NICE's guidance on the prevention and management of **psychosis and schizophrenia** aims to improve care through early recognition and treatment, and by focusing on long-term recovery. Our guidance on recognising, assessing and managing **bipolar disorder** aims to improve treatment and quality of life, and NICE guidance on **depression** covers the treatment of people with complex and severe depression, which may include psychotic symptoms.

Severe mental illness affects around 0.9% of the population and numbers appear to be growing. Over **550,000 people** registered with a GP had a diagnosis of schizophrenia, bipolar affective disorder or other psychoses in 2017/18, an increase of over 50,000 since 2014/15. **Recent analysis by PHE** confirms that severe mental illness is more prevalent in people living in the most deprived areas.

People with severe mental illness have psychological problems that may severely impact on their ability to engage in functional and occupational activities. Severe mental illnesses include schizophrenia, bipolar disorder and other psychoses.

More people are starting treatment early for a first episode of psychosis since the introduction of a waiting time standard based on NICE guidance. Monitoring of physical health is improving but there is still more to do, and there appear to be opportunities to increase the delivery of psychological therapies as recommended by NICE.

Over half a million people registered with a GP have been diagnosed with a severe mental illness

To improve outcomes for people with severe mental illness, the **Five Year Forward View for Mental Health** priorities include meeting physical health needs, increasing access to psychological therapies and ensuring rapid access to a NICE-recommended care package for people with a first episode of psychosis. To deliver these priorities, the **NHS Long Term Plan** sets out a commitment to introduce a new and integrated community-based offer which will include access to psychological therapies, improved physical healthcare, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use.

In this section, we review what we know about the uptake of NICE recommendations underpinning many of these priorities.

Early intervention in psychosis services

Psychosis and schizophrenia are mental health conditions that affect how a person thinks, feels and behaves. The main symptoms are hallucinations such as hearing voices or seeing things which are not really there, and delusions such as believing something is real or true when it is not. These are called psychotic symptoms.

For most people the symptoms start when they are young adults, but they can happen at any age. The first time a person has these symptoms is called a first episode of psychosis.

The NICE quality standard on **psychosis and schizophrenia**, published in February 2015, states that adults with a first episode of psychosis should start treatment in early intervention in psychosis services within 2 weeks of referral. This is because the sooner people are able to access evidence-based treatments after the onset of psychosis, the better the outcomes they achieve.

In 2014, NHS England established a programme to introduce evidence-based care pathways and **waiting time standards** across mental health. The care pathways are commissioned by NICE on behalf of NHS England, and each pathway references relevant NICE recommendations and quality standards.

The **early intervention in psychosis pathway**, and access and waiting time standard, was the first published in April 2016 and reflects the NICE quality standard. The access and waiting time standard requires that more than 50% of people experiencing a first episode of psychosis are treated with a NICE-approved care package within 2 weeks of referral, increasing to 60% by 2020/21. Data from **NHS England** show that, since the introduction of this standard, the percentage of people starting treatment within 2 weeks as recommended by NICE has increased from around 65% to around 76%.

The percentage of people who started treatment for early intervention in psychosis within 2 weeks of referral, England
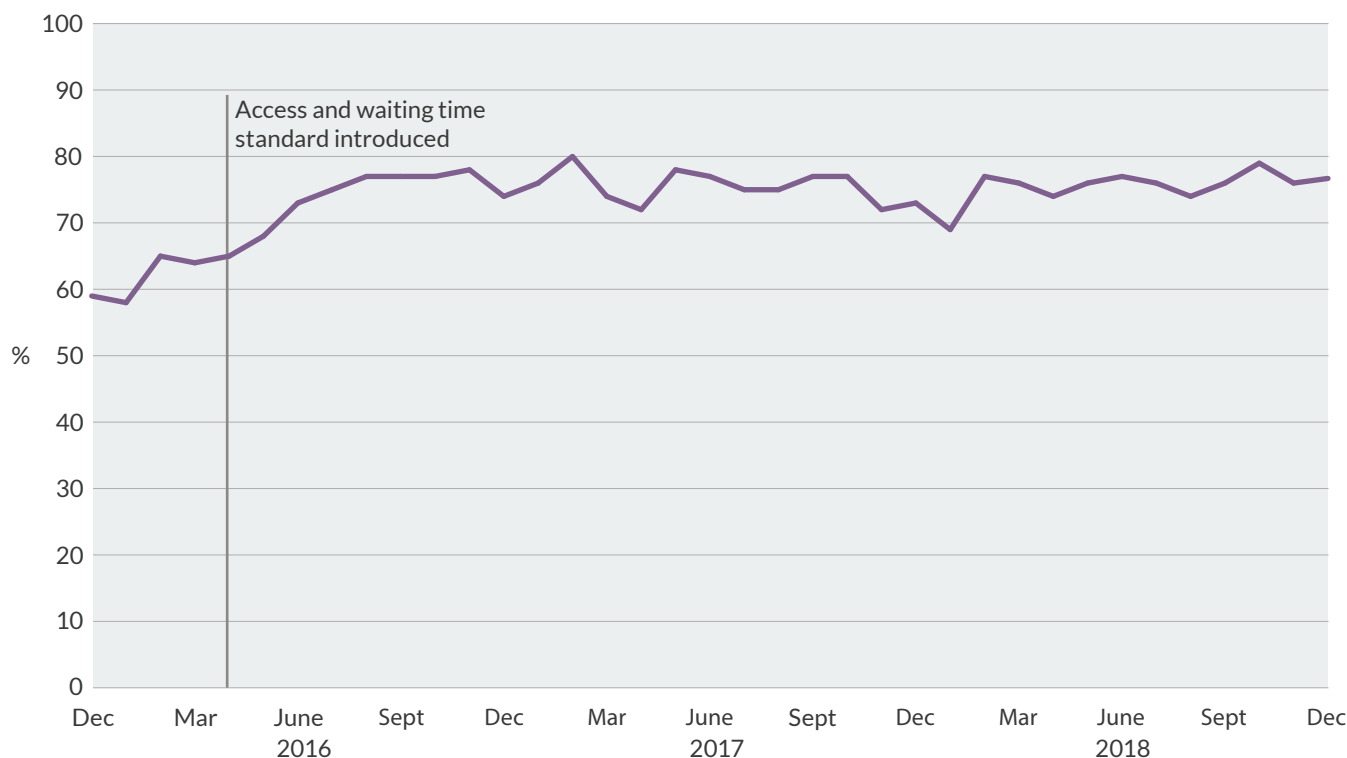
The second element of the access and waiting time standard is that all early intervention in psychosis services should be delivering NICE-recommended care. **Implementing the Mental Health Forward View** laid out a year-on-year trajectory to achieve this. In 2016/17, all services met the trajectory by completing a baseline self-assessment against NICE standards. To track progress and improvements in delivering NICE-recommended care, early intervention in psychosis teams will continue to undertake an annual audit against NICE standards.

The physical health of people with severe mental illness

A recent **PHE analysis** of primary care records found that people with severe mental illness have a higher prevalence of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), chronic heart disease, stroke and heart failure than the general population.
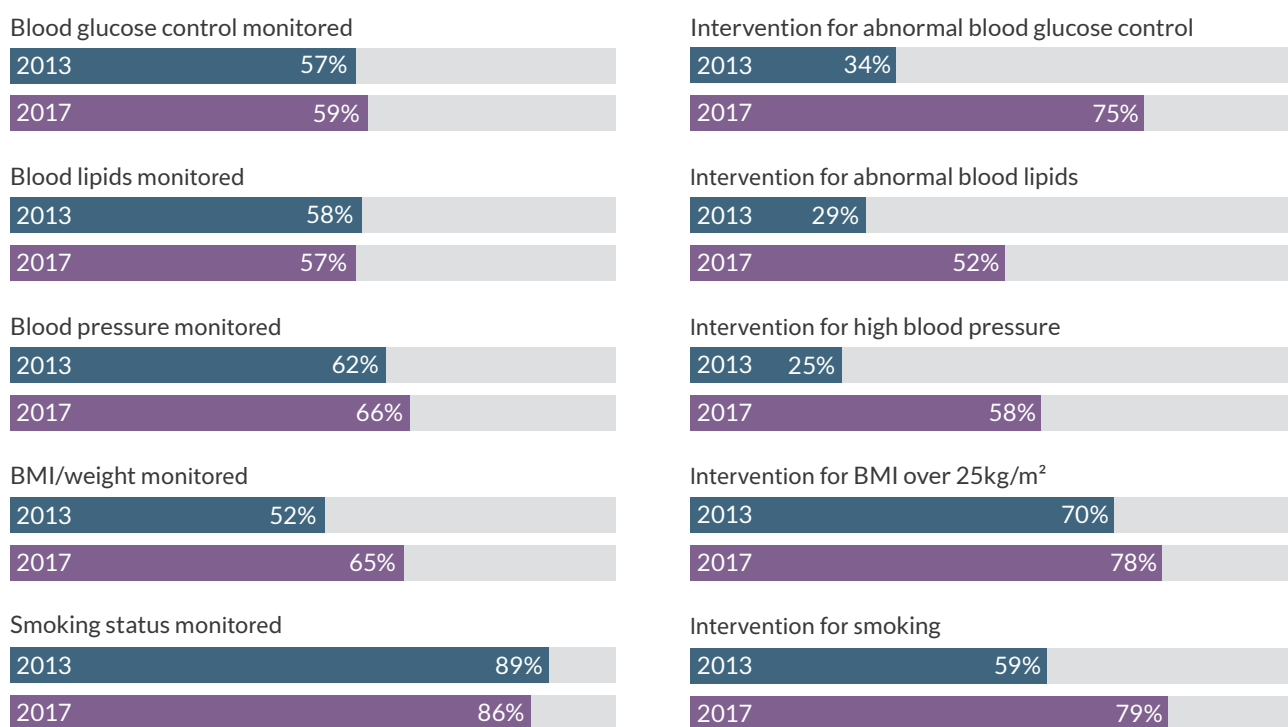
NICE's guidance on bipolar disorder, psychosis and schizophrenia recommends that people with these conditions should have a comprehensive physical health check at least annually. In 2014, NHS England added an indicator in line with these recommendations to the **Commissioning for Quality and Innovation** (CQUIN) scheme. To achieve this element of the payment, providers must carry out health assessments and deliver relevant treatments to people with psychoses.

Data on the delivery of health checks and interventions are collected by the **National Clinical Audit of Psychosis** and a **bespoke CQUIN audit** carried out by the Royal College of Psychiatrists. The CQUIN indicator identifies 5 cardiovascular disease (CVD) risk factors which should be monitored: smoking status, BMI, blood glucose control, blood lipids and blood pressure. The audit reviewed the case notes of nearly 8,000 adults living in the community with a diagnosis of schizophrenia or schizo-affective disorder. In 2017, 42% had monitoring of all 5 factors, up from 34% in 2014.

Monitoring of most of the individual risk factors has increased, although some remain less well monitored. The audit also collected data on whether interventions are delivered when risk factors are identified and found variation between rates of different interventions. However, all intervention rates have increased substantially since 2013.

Many different factors may contribute to higher rates of physical illness in people with severe mental illness. Antipsychotic medication is linked to metabolic side effects including weight gain. Deprivation and lifestyle factors such as smoking, poor diet, substance misuse and a lack of exercise may also play a part.

Many of these factors are linked to an increased risk of cardiovascular disease (CVD), a general term for conditions affecting the heart or blood vessels. We looked at how NICE guidance is being used to identify and manage CVD risk, with a focus on people with severe mental illness, in our **NICEimpact CVD prevention** *report.*

The percentage of adults in the community with schizophrenia or schizo-affective disorder who received physical health monitoring and interventions, England and Wales

Blood glucose control monitored

2013	57%
2017	59%

Intervention for abnormal blood glucose control

2013	34%
2017	75%

Blood lipids monitored

2013	58%
2017	57%

Intervention for abnormal blood lipids

2013	29%
2017	52%

Blood pressure monitored

2013	62%
2017	66%

Intervention for high blood pressure

2013	25%
2017	58%

BMI/weight monitored

2013	52%
2017	65%

Intervention for BMI over 25kg/m²

2013	70%
2017	78%

Smoking status monitored

2013	89%
2017	86%

Intervention for smoking

2013	59%
2017	79%

2014
CG178 psychosis and schizophrenia in adults published

2014
National CQUIN goal, improving physical healthcare in people with severe mental illness, launched

2015
QS80 psychosis and schizophrenia in adults published

The audit also looked at the case notes of around 650 people with the same diagnoses receiving inpatient care. Monitoring rates were higher for this group. In 2017, 69% of people were monitored for all 5 risk factors and intervention rates ranged from 61% for high blood pressure to 91% for smoking.

Reducing premature mortality by improving physical healthcare for people with severe mental illness remains an NHS England priority. Funding has been made available to ensure that **at least 60%** of people who have severe mental illness receive NICE-recommended physical assessments and follow up from 2018/19 onwards. A new data collection has been established at clinical commissioning group level to monitor delivery against this.
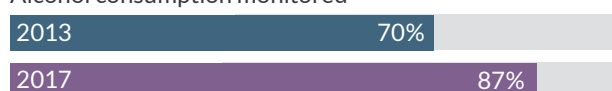
Severe mental illness and substance misuse

Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicines, in a way that causes mental or physical damage. NICE's guideline on the **assessment and management of coexisting severe mental illness and substance misuse** highlights that approximately 40% of people with psychosis misuse substances at some point in their life, at least double the rate seen in the general population.

People with coexisting severe mental illness and substance misuse have **some of the worst** health, wellbeing and social outcomes. NICE's guideline on **community health and social care services for people with coexisting severe mental illness and substance misuse** makes recommendations on how services should address people's wider health and social care needs, as well as other issues such as employment and housing.

To help identify substance misuse, NICE recommends that healthcare professionals should routinely ask people with known or suspected psychosis about their use of alcohol or prescribed and non-prescribed medicines, including illicit drugs. Lifestyle factors, including alcohol and drugs, are included in the list of elements which should be monitored to meet the requirements of the national CQUIN indicator on improving physical healthcare in people with severe mental illness.

The percentage of adults in the community with schizophrenia or schizo-affective disorder who received alcohol consumption and substance misuse monitoring and interventions, England and Wales
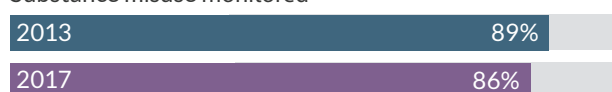
Alcohol consumption monitored

2013	70%
2017	87%

Substance misuse monitored

2013	89%
2017	86%

Intervention for harmful or hazardous use of alcohol

2013	73%
2017	89%

Intervention for substance misuse

2013	72%
2017	83%

2014
National CQUIN goal, improving physical healthcare in people with severe mental illness, launched

The National Clinical Audit of Psychosis reported on the proportion of people living in the community who received monitoring for alcohol consumption and substance misuse. More people are now being asked about their alcohol consumption, and intervention rates have shown an encouraging increase since 2013.

Rates of monitoring and intervention were higher in people receiving inpatient care. In 2017, around 95% had their alcohol consumption and substance use monitored and over 90% received an intervention when relevant.

The Long Term Plan reiterates the need to integrate care for those who are most vulnerable and receive care from several organisations. NHS England is developing a community framework for mental health services to ensure people are receiving consistent, timely access to evidence-based care in the community, with improved care planning and co-ordination. They are also working closely with PHE to ensure adequate commissioning of substance misuse services by local authority partners.

Alcohol screening and interventions for hospital inpatients

Prompted by the CQUIN goal on improving the physical health of people with severe mental illness, and with the aim of reducing alcohol-related harm in people with mental health conditions, South London and Maudsley NHS Foundation Trust has integrated NICE recommendations on alcohol screening and interventions into trust policies. They described their process in a NICE **shared learning example**.

One of the actions taken by the trust was developing a course to give staff the knowledge and skills to conduct alcohol screening and deliver brief advice. It also ensured that staff know about, and can offer referral to, specialist substance misuse services. The trust adapted the electronic patient record so that progress could be monitored, and improvements in both screening and intervention rates were recorded.

Psychological therapies for severe mental illness

The Five Year Forward View for Mental Health recommended increasing access to psychological therapies for people with psychosis, bipolar disorder and personality disorder. NICE recommends 2 types of therapy for adults with psychosis or schizophrenia: cognitive behavioural therapy for psychosis (CBTp) and family intervention.

CBTp involves the person with psychosis or schizophrenia meeting a healthcare professional on their own to talk about their feelings and thoughts, which can help them to find ways to cope with their symptoms. The National Clinical Audit of Psychosis found that, in 2017, just 26% of adults in the community with a diagnosis of schizophrenia or schizo-affective disorder were offered CBTp. Of those, 52% took up the offer.

'As a voice hearer and someone who experiences paranoia and "psychotic" experiences I have been able to access psycho-social intervention talking therapy this summer after being in the mental health system for 20 years. I have found it very, very useful in terms of understanding how so much of what I experience comes from extreme social anxiety and low self esteem' Mind survey respondent*

*From 'We still need to talk: a report on access to talking therapies', Mind/We Need to Talk Coalition

Family intervention aims to support families to work together. It can improve coping skills and relapse rates of adults with psychosis and schizophrenia. The audit found that just 12% of adults in the community who were in contact with their family were offered family intervention, and 39% of those took the offer up. For nearly half the adults in contact with their family, there was no record of family intervention being offered or considered.

The questions in this audit have changed since 2013 so we do not know if there has been any improvement, and people receiving care from early intervention in psychosis services are not included in the audit sample. However, the data suggest that NICE-recommended psychological therapies for people with psychosis and schizophrenia are not widely delivered.

Supporting people to find or stay in work

The Five Year Forward View for Mental Health describes employment and health as a virtuous circle: suitable work can be good for your health, and good health means you are more likely to be employed. NICE quality standards state that adults with bipolar disorder, psychosis or schizophrenia who wish to find or return to work should be offered supported employment programmes.

However, the National Clinical Audit of Psychosis found that only 11% of people in the community with schizophrenia or schizo-affective disorder were employed, a student, or in unpaid work. The **Care Quality Commission community mental health survey** found that less than a quarter of all people using specialist mental health services in 2018 said they had definitely been given help or advice with finding or keeping work.

Fewer than 1 in 4 people using specialist mental health services said they'd been given help or advice with finding or keeping work

NHS England has committed to doubling the reach of **Individual Placement and Support** by 2020/21. This employment support service is integrated within community mental health teams and offers an evidence-based programme which aims to help people with severe mental illness find and retain employment. The NHS Long Term Plan sets out an aim to extend access to 50% of the eligible population by 2028/29.

People's experience of care

The **NHS Long Term Plan** sets out how the NHS will move to a new service model in which people get more options, better support, and properly joined-up care at the right time.

CQC survey data suggest that people receiving care from community mental health services do not always feel they are as involved as they would like to be in decisions about their own care. More positively, fewer people are being sent out of their local area for acute care.

NICE's guidelines and standards on specific mental health conditions make evidence-based recommendations with the aim of improving outcomes. Alongside these, NICE's **guideline** and **quality standard** on service user experience in adult mental health aim to make sure that all adults using NHS mental health services have the best possible experience of care.

The experience of people using community mental health services

The **Five Year Forward View for Mental Health** highlights that 90% of adults with more severe mental health conditions are supported by community services. In line with NICE's quality standard, which states that views of service users should be used to monitor and improve services, the 2018 Care Quality Commission (CQC) **community mental health survey** looked at the experience of nearly 13,000 adults using these services. The results provide information about people's views at a national and local level.

'You need more intensive support when you come out of hospital. To go from all that, then you fall off a cliff and you're all on your own.'
Focus group participant, from Mind's submission to the independent review of the Mental Health Act

NICE recommends that people should be able to access services when they need them. However the proportion of people who felt they had definitely seen NHS mental health services enough for their needs reduced from 47% in 2014 to 43% in 2018.

NICE guidance says that people receiving mental healthcare should be involved in shared decision making and jointly agree a care plan with mental health and social care practitioners.

During shared decision making, it is important that:
- care or treatment options are fully explored, along with their risks and benefits,
- different choices available to the patient or service user are discussed, and
- a decision is reached together with a health or social care professional.

Did people using community mental health services think they were given enough time to discuss their needs and treatment?

Yes, definitely

2014	65%
2018	58%

Yes, to some extent

2014	25%
2018	30%

No

2014	10%
2018	13%

The CQC survey asks a number of questions about planning and involvement in decision making. Only 41% of people said that they had definitely agreed with someone from NHS mental health services what care they would receive, and just over half of those said they had definitely been as involved as much as they had wanted to be.

Overall, 71% of people using community mental health services reported that they were always treated with respect and dignity, a slight reduction from 74% in 2014. These results suggest that more could be done to involve people in decisions about their care and ensure that they have access to community mental health services when they need them.

'The community team kept in touch with me regularly while I was an inpatient. This helped me when I was discharged. I had and still have optimal support and feel completely involved in all my care.'
Survey respondent, from Mind briefing, Leaving hospital

The NHS Long Term Plan lays out how new and integrated models of primary and community mental healthcare will support adults with severe mental illnesses. Local areas will be supported to redesign and reorganise core community mental health teams. By 2023/24, 370,000 adults will have greater choice and control over their care, and be supported to live well in their communities.

Out of area placements

The NHS Long Term Plan commits to ending out of area placements for people who are seriously ill and need acute care by 2021. When people are treated for a mental health condition close to home, they are helped to retain the contact they want with family, carers and friends, and to feel as familiar as possible with the local environment.

NICE's guideline on **transition between inpatient mental health settings and community or care home settings** makes recommendations on out of area admissions. If a person is being admitted outside the area in which they live, mental health practitioners should work together to ensure that the placement lasts no longer than is necessary and is reviewed at least every 3 months.

NHS Digital collects data on the number of people who are sent out of area for mental healthcare because no bed is available for them locally. In October 2018 there were 645 of these placements active in England across 57 organisations. It is not possible to directly compare with previous months, when fewer organisations participated, but there does appear to be a reduction. In October 2017, there were 710 out of area placements active across 47 organisations.

Experiences of physical healthcare

NICE's guidance on **patient experience in adult NHS services** aims to make sure that all adults using NHS services have the best possible experience of care. The CQC **adult inpatient survey** found that people in hospital for physical healthcare who also have a pre-existing mental health condition reported poorer experiences of care in many areas highlighted as important by NICE. The areas for improvement include information sharing, respect and dignity, coordination of care, confidence and trust, respect for patient centred needs and values, and perceptions of overall experience of care.

Some condition-specific national audits also consider whether there are differences in care. The **National Diabetes Audit** found that NICE-recommended care processes were received less regularly by people with type 2 diabetes who also have severe mental illness than by the whole population of people with type 2 diabetes. However, when people with severe mental illness do receive care processes, they are no less likely to achieve treatment targets than all people with diabetes. More information about these data can be found in our **NICEimpact diabetes** report.

These data suggest that there is room for improvement in delivering physical healthcare to people with a mental health condition. The Five Year Forward View for Mental Health prioritises the integration of physical and mental healthcare, and NHS England has responded with initiatives such as expanding the provision of **liaison mental health services** in general acute hospitals.

Spotlight on children and young people

Future in Mind, the report of the Children and Young People's Mental Health and Wellbeing Taskforce, estimates that half of mental health conditions in adult life start by the age of 14. Improving Children and Young People's Mental Health Services (CYPMHS) is a priority across health, education and social care.

In 2017, **1 in 8** children and young people aged 5 to 19 had at least 1 mental health condition. NICE's guidance and standards make evidence-based recommendations for the identification and management of a range of mental health conditions in **children and young people**, including **depression**, **psychosis and schizophrenia**, and **antisocial behaviour and conduct disorders**.

CYPMHS in England treated **nearly 325,000** people in 2017/18. NHS England report this is approximately 30.5% of children and young people with a diagnosable mental health condition, compared with an estimated 25% in 2014/15.

However, a **recent review** by the Care Quality Commission found that many children and young people experiencing mental health conditions do not get the care they require. The **NHS Long Term Plan** identifies young people's mental health services as an area of longstanding unmet need. It makes a commitment that funding for CYPMHS will grow faster than both overall NHS funding and total mental health spending.

NHS England will continue to expand access to community-based mental health services so that, by 2023/24, at least an additional 345,000 children and young people will be able to access support. The Department of Health and Social Care and the Department for Education have jointly published a **green paper** laying out plans which include funding new Mental Health Support Teams working in schools and colleges, and trialling a 4 week waiting time standard for access to specialist help.

To help mental health practitioners who work with children and young people deliver NICE's recommendations, we have produced a quick guide on **improving young people's experiences in transition to and from inpatient mental health settings**. *A webinar to support the quick guide is available from the NICE website.*

Eating disorders in children and young people

Eating disorders are serious mental health conditions which most commonly start in adolescence. They can have severe psychological, physical and social consequences. NICE's guidance on **eating disorders** highlights the importance of early assessment and treatment. This is because people with eating disorders have better recovery rates and a reduced risk of relapse when they receive early intervention from eating disorder services. The NICE **quality standard** states that assessment and treatment should start within 4 weeks of referral for children and young people.

NHS England's **eating disorders pathway and waiting time standard** for children and young people was introduced in August 2015. It states that children and young people who are referred to eating disorder services should start treatment within 4 weeks, or within 1 week if the case is urgent. **The percentage** of children and young people who started treatment within 4 weeks increased from 65% in quarter 1 of 2016/17 to 80% in quarter 2 of 2018/19.

The percentage of children and young people starting treatment for an eating disorder within target waiting times, England
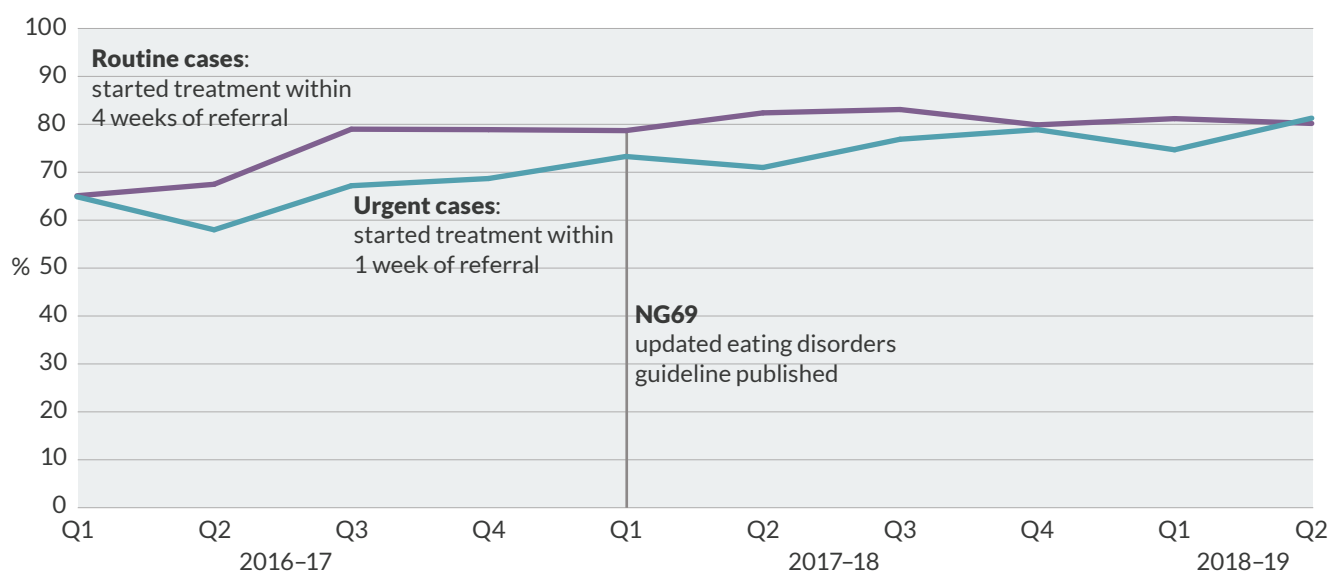
The Parliamentary Health Ombudsman Service report **Ignoring the Alarms** identified areas of focus to improve care and treatment for people with an eating disorder. NICE has been working with national partners to support delivery of the report's recommendations. Our quality standard on eating disorders underpins this work, which covers early access, treatment options and coordinated care for children and young people transitioning to adult services.

Commentary

Paul Farmer, February 2019

Paul Farmer is the Chief Executive of Mind.

In recent years the Government and NHS have recognised the need to invest in mental health services to close the treatment gap with physical health services. The Five Year Forward View for Mental Health (FYFVMH) should be seen as a first step towards parity of esteem and has been successful in preventing a catastrophic failure of mental health services.

The NHS Long Term Plan makes mental health a key focus and promises sustained investment. This should enable thousands more people to access the right support at the right time. Successful implementation will depend on local areas matching the national commitment to improve services on the ground, funding reaching frontline services and an expansion of the mental health workforce to enable delivery.

NICE's guidance plays an important part in this by setting clear standards and expectations of the quality of care that should be provided. This impact report shows how levers within the system are used to drive their implementation.

There is already progress being made in some key areas. IAPT has been groundbreaking in its rapid acceleration of access to psychological therapies for the general public; targets for achieving waiting time standards for early intervention in psychosis are being exceeded; out of area placements appear to be reducing. There are also some improvements in the physical health checks for people with severe mental illness.

However, there are still issues with these services – IAPT services need to engage with people from black, Asian and other minority ethnic groups and become more flexible to meet their needs, we need assurances of quality in early intervention in psychosis services as well as reach, and we are still a long way from the elimination of out of area placements by 2020/21 – too many people are still sent miles from home at a time when they are most in need of the support of family and friends and familiar surroundings.

Other areas are seeing less progress and there's much more to do on these. As the impact report shows, people with severe mental illness need much better access to psychological therapies, and there is clearly more to do to close the mortality gap between people with severe mental illness

and the rest of the population, and to ensure that people's drug and alcohol use is addressed alongside their mental health problems. Shortcomings in community mental health services mean that too many people are having to reach crisis point before they get the services they need. People's lack of involvement in their care echoes themes in the recent independent review of the Mental Health Act, whose recommendations may give impetus to improved practice. And finally, the crisis in children and young people's mental health is only just beginning to be addressed.

Across our mental healthcare system nothing short of transformation is needed – the Long Term Plan and FYFVMH, working with NICE and everyone who uses and works in mental health gives us the opportunity to start that process. The proof of delivery will be in the experiences of people trying to access the services they need.

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

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National Institute for Health and Care Excellence

NICE Indicator Process Guide

This report provides the Board with information on planned updates to the process guide that is used to develop NICE indicators. It also provides the Board with background information on NICE's work in this area and a summary of ongoing work.

The Board is asked to note NICE's work to date on developing indicators and approve the proposed updates to the process guide for public consultation.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

March 2019

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Introduction

1. The current NICE indicator process guide was published in 2014 and is due for an update in 2019. The guide is used by the NICE indicator advisory committee to develop indicators for a range of different purposes.

2. Currently NICE indicators are predominantly developed for use in the Quality and Outcomes Framework (QOF) and for measuring care at NHS commissioner level, reported at CCG level in two national measurement frameworks.

3. The update to the guide was timed to allow NHS England and the British Medical Association's General Practitioner Committee (GPC) to undertake a review of the QOF in England. The QOF review published in January 2019, the review confirmed that the QOF would continue albeit with recommended changes.

4. The process guide update is being overseen by a steering group established in the summer of 2018. The steering group is chaired by Prof Gill Leng and includes senior membership from Public Health England (PHE), NHS England (NHS E), the King's Fund and the chair and vice-chair of the NICE indicator advisory committee.

5. The update to the guide was further informed through a stakeholder workshop held in August 2018. Over 20 external attendees attended the workshop with representation from NHS Improvement, NHS E, NHS Digital, CQC, Local Government Association, National Voices, PHE and the BMA's GPC.

Background to NICE's indicator work

6. The NICE indicator programme was established in 2009 with an initial remit to develop indicators for use in the QOF, one of the largest health care related pay-for-performance schemes in the world. The current annual value of the QOF in England is around £690 million. At individual GP practice level the scheme currently accounts for approximately 8-10% of practice income (compared to 15-20% when the QOF was first introduced in 2004).

7. The content of the QOF in England is decided through wider contract negotiations between NHS England and the BMA's General Practitioner Committee. In relation to QOF the remit of NICE is to develop high quality indicators that we then 'hand over' to negotiators, NICE have no role in contract negotiations.

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8. Notable recent QOF related work involved working closely with Diabetes UK, NHS England, NHS Digital and the BMA's GPC to develop diabetes indicators that apply differently across the population of people with diabetes. This stratification is achieved by using routinely collected frailty data. These 5 new stratified diabetes indicators have been negotiated into the 2019/20 QOF.

9. The collaborative approach of reviewing existing QOF indicators seen with the diabetes work is currently being used to review the asthma, COPD and heart failure indicators. NICE is actively working with a range of external stakeholders including; Asthma UK, British Lung Foundation, RCGP, Royal College of Physicians, BMA's GPC and the British Society for Heart Failure.

10. In 2014 the NICE indicator programme was expanded to develop indicators that operate at CCG level with NICE being commissioned to develop indicators for the CCG Outcomes Indicator Set (CCG OIS). The CCG OIS provides CCGs with comparative information on both care processes and outcomes. The CCG OIS indicators developed by NICE use routinely collected data, this minimises data burden on the system but does restrict the scope of indicator development work.

11. Indicators NICE developed for inclusion in the CCG OIS are also used in NHS England's CCG Improvement and Assessment Framework (CCG IAF). The CCG IAF is used to inform NHS England's assessment of CCGs.

Updates to the process guide

12. The planned updates to the process guide are influenced by both external changes to the health and social care system and almost 10 years' experience of NICE developing indicators. The key updates to the current 2014 guide are presented in this paper, the full guide is available to the Board on request.

13. The most significant changes to the guide are:

    a. a more specific set of criteria to assess indicators

    b. a more flexible approach to indicator testing.

14. The addition of specific criteria to assess indicators was influenced by contemporary literature and a desire for decisions made by the NICE indicator committee to be more transparent and consistent. The inclusion of agreed assessment criteria may also allow NICE to rapidly review indicators developed by other groups. This would potentially reduce development time and duplication of work. The assessment criteria for inclusion in the updated guide are provided in table 1 of this report.

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Table 1. Indicator assessment criteria

Domain	Criteria
Importance	The indicator reflects a specific priority area identified by NHS England or Public Health England.
	The indicator relates to an area where there is known variation in practice.
	The indicator will lead to a meaningful improvement in clinical outcomes.
	The indicator addresses under or over-treatment
Risk	The indicator has an acceptable risk of unintended consequences.
Evidence base	The indicator is derived from a high-quality evidence base.
	The indicator aligns with the evidence base.
Specification	The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions.
	The indicator has a minimum population level.
Feasibility	The indicator is repeatable.
	The indicator is measuring what it is designed to measure.
	The indicator uses existing data fields, or the burden of additional data collection is acceptable.
Acceptability	The indicator assesses performance that is attributable to or within the control of the audience
	The results of the indicator can be used to improve practice

15. The more flexible approach to indicator testing allows the level of testing to vary according to the intended purpose, and availability of testing results from similar existing indicators. This update was made to allow the more rapid development of high-quality indicators, see figure 1.

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Figure 1. Illustrative example of how testing may be used

Improvement → Judgement

Increasing level of testing

| Desktop review to assess availability of existing data | Quantitative data analysis of relevant data | Qualitative feedback from a workshop of experts, patients and service users | Piloting in around 30 GP practices with quantitative data extraction and qualitative feedback |

Examples

| Local quality improvement | Population level reporting on variation in outcomes at commissioner level | Comparatively minor changes to existing indicator that is already in use | Pay-for-performance indicator (QOF) in new clinical area |

16. The updated guide also now includes a requirement for the development process to consider a minimum population for which an indicator is valid. This update is partly in response to the changing structures in the Health and Social Care sector, by setting a minimum population size we provide indicators that can be used with confidence across a range of structures.

Next steps

17. Following Board approval, the updated guide will be sent out for a 12-week public consultation from mid-April 2019 to mid-July 2019.

Conclusion

18. The Board is asked to:

- Note NICE's work to date on developing indicators

- Approve the proposed updates to the process guide for public consultation

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London office accommodation

The London office lease with the British Council in Spring Gardens expires in December 2020.

The British Council are moving to Stratford in the summer of that year and NHS Property Services are negotiating with the British Council in order to secure a floor within this demise with the intention of leasing the space to Arms Length Bodies.

We are seeking Board approval to formally enter into negotiations with a view to NICE moving with the British Council to Stratford in the summer of 2020. With the Board's support, the next steps will be a group business case to be submitted for Cabinet Office approval, supported by NHS Property Services. The Board will be consulted with regard to this during 2019/20.

The Board is asked to support the proposed next steps including entering into negotiations to progress the proposed move to Stratford in the summer of 2020.

Andrew Dillon

Chief Executive

March 2019

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AUDIT & RISK COMMITTEE

Unconfirmed minutes of the meeting held on 23 January 2019
at the NICE London Office

<u>Present</u>

Professor Tim Irish	Non-Executive Director (chair for the meeting)
Elaine Inglesby-Burke	Non-Executive Director
Professor Sheena Asthana	Non-Executive Director

<u>In attendance</u>

Andrew Dillon	Chief Executive
Meindert Boysen	Centre for Health Technology Evaluation Director (for items 4.1 & 4.2)
Catherine Wilkinson	Acting Business Planning and Resources Director
David Coombs	Associate Director - Corporate Office
Barney Wilkinson	Associate Director - Procurement & IT
Jane Lynn	Head of Financial Accounts
Elaine Repton	Corporate Governance & Risk Manager (minutes)
David Wright	DHSC, NICE Sponsor Team
Niki Parker	Government Internal Audit Agency
Andrew Jackson	National Audit Office
Andrew Ferguson	National Audit Office
Hassan Rohimun	Ernst & Young

Apologies for absence

1. Apologies for absence were received from Rima Makarem, Ben Bennett and Jane Newton.

Declaration of interest

2. It was noted that the SMT register of interests had been updated to include Catherine Wilkinson's declared interest as a trustee of Age UK, Lancashire. It was agreed this did not present a conflict of interest in relation to the items to be discussed at this meeting.

Minutes of the last meeting

3. Andrew Jackson requested an amendment to paragraph 23 to state the Comptroller and Auditor General's title in full.

4. Subject to this change, the minutes of the meeting held on 28 November 2018 were agreed as a correct record.

Action Log

5. The Committee reviewed the action log noting that an internal business continuity group had been tasked with planning an IT security exercise.

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6.   David Wright was asked to confirm the position on the two actions referred to the DHSC Sponsor Team. David advised that both issues were still in progress.

RISK MANAGEMENT

Risk registers

7.   The Committee reviewed the strategic ambitions and risks 2018-21 which had been updated following the discussion at the December Board Strategy meeting. Andrew Dillon advised that the 'ambition' column had been revised to better express NICE's future ambitions, which are included in the draft 2019/20 business plan that the Board will review later in January.

8.   David Wright referred to strategic ambition two which related to NICE's part in playing an active, influential role in the health and care system, however he felt the risks and mitigations related specifically to NICE's planned activities, not the wider system. Andrew Dillon stated that the role of NICE is to support the whole health and care system, but it could only control and mitigate its own risks. As this was the NICE risk register, the mitigations were those within NICE's remit and available resources. If NICE could not achieve its purpose, then this would create a risk for the whole system. The Committee discussed this issue and agreed the document should focus on the mitigations within NICE's influence, and therefore the current wording was appropriate.

9.   Andrew Jackson added that there could be inter-departmental risks affecting the whole system, but these should be included on the DHSC's risk register.

10.   The Committee discussed updates to the business risk register 2018/19.

11.   It was confirmed that the mitigation in risk 05/18 to bring the management of the employee recruitment process in-house would take place at the end of the current contract term, subject to the required notices having been given.

12.   The impact of Brexit at risk 15/18 was considered. The Committee noted that NICE was working collaboratively with the Medicines and Healthcare products Regulatory Agency (MHRA) to agree an integrated timeline for a UK-only medicines regulatory process should the UK leave the EU in a 'no deal' scenario.   Reference was also made to the Government's commitment to fund collaborative bids to Horizon 2020, although there was uncertainty about the details of when funding would be received and how it would be accessed.

13.   Andrew Dillon confirmed that NICE was continuing to support its employees from EU countries in making their application for settled status in the UK, including offering to cover the cost of the fee, before the fees were abolished by the Government. The Committee agreed that all possible support should be provided to staff.

14.   It was noted that the NICE Connect pilot project was progressing well with the second meeting of the pathways advisory committee planned for later in the week, looking at type 2 diabetes in pregnancy. The Board is also scheduled to

receive a progress report on the project at its Public Board meeting on 30 January.

15. The Committee discussed NICE's role in the evaluation of digital health technologies (risk 25/18). Andrew Dillon reported there is a collective desire across the health and care system to agree a joined-up approach, avoiding duplication, but resources for the work still have to be agreed. It was noted that NICE had agreed with NHS England to pilot two topics using the Evidence Standards Framework published by NICE in December 2018, to test the methodology. In light of the uncertainty about future funding for this work, it was agreed that the target score should be increased from green to amber. It was agreed that the SMT would revisit the risk at the risk register's next scheduled review.

ACTION: AT/MB

Charging for TA and HST

16. Catherine Wilkinson and Meindert Boysen presented a paper outlining the proposed process and timeline for introducing charging for technology appraisals (TA) and highly specialised technologies (HST) evaluations.

17. The Committee discussed the key risks to NICE being income from companies not being received, and a wider reputational risk of failing to manage the process effectively. Catherine provided assurance that the CHTE topic selection and finance teams have been working in close collaboration to design the charging and payment process. The process has been detailed in an information pack for companies that will be published on NICE's website.

18. Meindert Boysen reported that early indications from company reps have confirmed that they are aware of the charges and have included this in financial planning. NICE was also talking to the Association of the British Pharmaceutical Industry (ABPI) to encourage communication with its member organisations.

19. The classification of a 'small company' was discussed, together with the anticipated impact of the 75% discount agreed by Government for such firms, on NICE's income. Catherine advised that small companies will be required to declare their eligibility for the discount, and highlighted that (if applicable) companies will also be reminded of the EU state aid limit. The Committee discussed the potential risk of a high number of small medtech companies being referred for appraisal, which would put pressure on the Grant-in-Aid budget as NICE must use this funding to cover the small company discount.

20. David Wright highlighted that the regulations that allow NICE to impose a charge for the TA and HST programmes have been laid before Parliament and are due to come into force on 1 April 2019.

21. The Committee considered the timing of a further paper to review the progress of introducing charging in Q1 2019/20. It was agreed to discuss this with the Chair.

INTERNAL AUDIT

Update report

22.   The Committee noted progress against the internal audit plan for 2018/19. Four audits have been completed, with four reviews currently in progress for presentation in April, and one planned in Q1 2019/20, for presentation in June.

23.   The update report was noted.

NICE Foundation preparations

24.   Niki Parker presented the findings of the internal audit review of the preparations for the NICE Foundation which received a substantial assurance rating. There are no recommendations from the audit.

25.   The Committee noted from Andrew Dillon the next steps planned by the project group including responding to queries from the DHSC, reviewing legal advice on the proposed licence terms between NICE and the Foundation, and considering whether the proposed company should be a charity.

26.   The internal audit report was noted.

Key financial controls

27.   The audit reviewed whether there were adequate controls in place over staff movements, in particular leavers and changes to working arrangements that impact pay and equipment. A moderate assurance level was given with five medium recommendations made.

28.   The internal audit report was noted.

Draft internal audit plan 2019/20

29.   An additional report was circulated proposing areas to be included in the 2019/20 internal audit plan. The Senior Management Team had discussed an initial list of potential audits following the planning meetings, and agreed to the six detailed in the report plus TA charging to be reviewed in Q1 2020/21. The Committee expressed the view that six audits should be the minimum, and that the Chair be consulted for her view.

ACTION: ER

30.   It was noted that the auditor day rate and final fee was still to be confirmed by the GIAA, and subject to ongoing discussions with management.

EXTERNAL AUDIT

Update report

31. Andrew Jackson introduced the update report from the NAO, advising that Gareth Davies had been appointed to take up the role of Comptroller and Auditor General from 1 June 2019.

32. Hassan Rohimun outlined the external audit plan and timetable for the 2018/19 financial statements. The Committee noted the scope of the audit and the respective responsibilities of the Accounting Officer and the auditor.

33. The Committee considered the following items and concluded that:

   • The NAO's assessment of the risks of material misstatement to the financial statements was complete.

   • Management's response to these risks was adequate.

   • The NAO's proposed audit plan to address these risks was satisfactory.

   • The Committee was not aware of any fraud that would result in the financial statements being materially misstated.

34. A copy of the updated Letter of Understanding between the National Audit Office and NICE was attached to the report for information.

35. The external auditor's report was noted.

FINANCE

Financial accounting performance

36. Catherine Wilkinson presented the financial accounting performance report as at 30 November 2018. The Committee noted that overall performance against budget was good, subject to the ongoing issue of late payments from NHS England.

37. At the request of the Committee, the paper included additional information on train cancellation write offs. Catherine clarified that the loss on train cancellations had been overstated (at £23,228) in the October report, and corrected to £13,730 at 30 November 2019. The Committee was assured that the Facilities Team tightly control ticket purchases and have processes in place to mitigate losses as far as possible.

38. The financial accounting performance report was noted.

CONTRACTS & IT

Waivers report

39. The Committee noted the schedule of contract waivers that had been approved since 1 April 2018. The inclusion of the House of Commons booking for NICE's

20ᵗʰ Anniversary celebration was queried, as this was an option still to be considered by the Board. Andrew Dillon asked that the position of the booking is clarified.

ACTION: BW

40. Subject to the above being clarified, the waivers report was noted.

CORPORATE OFFICE

Data Security & Protection (DSP) Toolkit

41. David Coombs presented an overview of NICE's compliance with the Data Security & Protection (DSP) toolkit information security standards. An interim submission was made to the DHSC at 31 December 2018, with a full submission due by 29 March 2019.

42. The interim report identified gaps in compliance and actions required to address them. The Committee noted that two areas required more extensive work to complete: business continuity planning and IT protection. The Senior Management Team has discussed the current position and agreed the actions be taken forward, including holding annual business continuity exercises. Discussions between the IT and Digital Services teams are underway to ensure sufficient evidence of the IT protections in place, including penetration testing.

43. The report was noted.

Internal audit recommendations log

44. Three outstanding audit actions were reviewed. It was reported that the payroll action had been completed but was awaiting final sign off by internal audit, when they next meet with the HR team on 5 February.

45. One cyber security action was closed. The remaining action was subject to the testing of the business continuity planning scenarios referred to in minute 42 above.

Use of the NICE Seal

46. The NICE seal had not been used since the last meeting.

Committee annual plan 2018/19

47. The Committee noted its annual plan for 2018/19.

OTHER BUSINESS

48. There were no further items of business raised.

FUTURE MEETING DATES

49. The Committee confirmed its meetings in 2019 would take place at 2.00pm on:

- 24 April 2019
- 19 June 2019 (at 9.30am)
- 4 September 2019
- 28 November 2019

The meeting closed at 12.15pm.

National Institute for Health and Care Excellence

Directors' progress reports

The next 5 items provide reports on the progress of the individual centres and directorates listed below. These reports give an overview of the performance of each centre or directorate and provide an update on any issues of note.

Meindert Boysen, Director, Centre for Health Technology Evaluation (Item 9)

Dr Paul Chrisp, Centre for Guidelines (Item 10)

Jane Gizbert, Director, Communications (Item 11)

Alexia Tonnel, Director, Evidence Resources Directorate (Item 12)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 13)

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Centre for Health Technology Evaluation progress report

1. This report sets out the performance of the Centre for Heath Technology Evaluation (CHTE) against our business plan objectives during January and February 2019. It also highlights key issues and developments in the centre during that period.

Notable issues and developments

2. Plans are being put in place, as part of the ongoing CHTE2020 transformation programme, to deliver on the expectations expressed in the Long Term Plan, the Life Sciences Sector Deal(s) and the Voluntary Scheme for Branded Medicines Pricing and Access where they relate to horizon scanning, value assessment, and commercial arrangements for a broad range of health technologies, including digital.

3. The Interventional Procedures programme participated in the Independent Medicines and Medical Devices Safety Review (IMMDSR) that, amongst others, focussed on procedures for the treatment of pelvic organ prolapse and stress urinary incontinence using mesh.

4. HealthTech Connect, the secure online system for identifying and supporting health technologies as they move from inception to adoption in the UK health and care system, was subjected to a soft launch in late February.

5. An updated version of the Evidence Standards Framework for Digital Heath Technologies was published in early March following stakeholder comments and feedback.

6. The TA programme has published guidance on revolutionary chimeric antigen receptor T-Cell (CAR T-cell) therapies for three difficult to treat cancers.

7. A number of products recommended as part of the medical technologies evaluation and diagnostic assessment programmes have been included in key national adoption initiatives such as the accelerated access collaborative, the innovation technology payment and the testing directory of the genomic medicine service.

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Performance

Centre Coordination Team

8. During January and February CHTE advertised 3 vacancies, including 1 administrator 2 technical analyst posts. These vacancies have been created by staff leaving and all these recruitments are still at the advertising stage. In January and February 5 recruitment campaigns are in progress for committee members across 4 committees. We have appointed 1 new professional member.

Commercial and Managed Access Programme

9. The Commercial and Managed Access Programme (CMAP), established during 2018/19, includes the Cancer Drugs Fund (CDF) team and the Commercial Liaison Team (CLT). The current focus of the CLT, working in close collaboration with colleagues in the NICE technology appraisal (TA) and resource impact assessment (RIA) teams, and the NHSE commercial medicines directorate, is to establish the working processes needed to deliver a seamless interface for all commercially related conversations between companies, NHSE and NICE.

10. The CDF team has 15 ongoing or completed managed access agreements in the work programme for the 2018/19 business year which exceeds the current target of up to 14 managed access agreements. In January and February PASLU have issued 6 pieces of advice to NHS England, and year to date have issued 38 pieces of advice to NHS England against a target of 30.

Commissioning Support Programme

11. Work continues on the remaining 11 topics within this programme, with 3 of these expected to be considered at NHS England's CPAG prioritisation meeting in May and the remainder at CPAG's November 2019 meeting.

Diagnostics Assessment Programme

12. The Diagnostics Assessment Programme has published 3 pieces of diagnostics guidance in 2018/19. The assessment of digital Lead-I electrocardiogram (ECG) devices for detecting atrial fibrillation using single-time point testing in primary care was due to publish in 2018/2019, but the first committee meeting was delayed to allow additional work to be carried out by the External Assessment Group (EAG) developing the diagnostics assessment report. The final guidance for this topic is now due to publish in May 2019.

13. The programme launched an assessment of implantable cardiac monitors to detect atrial fibrillation after cryptogenic stroke. This continues the interest of the

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programme in diagnostic digital health and further develops the expertise in developing guidance on these types of technologies.

14. During 2018/19 a number of products recommended in diagnostics guidance were included in national adoption policy initiatives. For example, placental growth factor (PIGF) based testing for suspected preeclampsia (DG23), high sensitivity troponin tests for early rule out of myocardial infarction (DG15) and quantitative faecal immunochemical tests for colorectal cancer (DG30) were designated as Rapid Uptake Products by the Accelerated Access Collaborative. Molecular testing for Lynch syndrome in people with colorectal cancer (DG27) has been included in the testing directory of the Genomic Medicine Service which is directly funded by NHS England.

Interventional Procedures Programme

15. The Interventional Procedures Programme is on schedule to exceed its target publication for 2018/19 to 36 guidance publications, where the target was 30. This has been achieved with the same level of staffing by redesigning and streamlining the processes whereby newly notified procedures are progressed more efficiently and by ensuring that IPAC meets 12, rather than 11, times a year.

16. There continues to be a high level of public interest in procedures for the treatment of pelvic organ prolapse and stress urinary incontinence using mesh. The IP team continues to be actively engaged in discussion with the DHSC on this and has contributed to the written evidence submitted by NICE to the Independent Medicines and Medical Devices Safety Review (IMMDSR) which is reviewing this topic (along with sodium valproate and primodos). The IP programme director gave evidence as 1 of the NICE representatives at the oral hearing on 14 February 2019.

Medical Technologies Evaluation Programme

17. During 2018/19 a number of products which are recommended by, or in development as, medical technologies guidance were included in national adoption policy initiatives. For example, NHS England selected Heartflow (MTG32) and SecurAcath (MTG34) for inclusion in the Innovation and Technology Payment 2018/19 and HeartFlow and Urolift (MTG26) were designated as Rapid Uptake Products by the Accelerated Access Collaborative.

18. The research commissioning function of MTEP responds to research recommendation in medical technologies and diagnostics guidance and aims to facilitate original research to address the evidence gaps identified by the committee. Fourteen projects were active during 2018/19 including initial feasibility studies, ongoing audits and primary clinical research, and analysis and

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reporting of completed studies prior to publication. Two research protocols were published during 2018/19 based on research recommendations in DG19 and DG22.

19. An updated version of the Evidence Standards Framework for Digital Heath Technologies was published early March following stakeholder comments and feedback. There was generally a warm welcome for the content and methods, with a range of future priorities identified. This version will publish with planned supporting resources, including case studies, a budget impact analysis tool and a guide to budget impact analysis and cost consequences analysis.

Observational Data Unit

20. The Observational Data Unit has now submitted 5 commissioning through evaluation (CtE) project reports to NHS England which publishes the documents on its website[1]. Three procedures received support for routine commissioning arrangements in 2018, one is the subject of positive draft policy issued in January 2019 (percutaneous mitral valve leaflet repair for primary degenerative mitral regurgitation), for one procedure there was insufficient evidence to update the commissioning policy, and the policy proposition development is in progress for the last project.

Highly Specialised Technologies

21. NICE continues to review the progress of the 3 HST managed access agreements (MAA) via 6-monthly meetings with topic specific Managed Access Oversight Committees (MAOCs). The MAOCs (formed by NICE) are comprised of key stakeholders involved in operationalising the MAA; NHS England, the company, patient organisations and clinical experts from treatment delivery centres. The purpose of the MAOC meetings is to ensure that data being collected is robust, complete and will meet the needs of the NICE appraisal committee for re-evaluation, in addition to identifying any issues with the implementation of the MAA.

22. NICE is continuing to learn lessons from the development and implementation of MAAs to better inform their development for future technologies that have significant uncertainties.

Technology Appraisals

23. The updated guide to the process of TA was published on 3 April 2018. The first topic to go through the new process is ID1175; durvalumab for maintenance treatment of unresectable non-small-cell lung cancer after platinum-based

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[1] https://www.england.nhs.uk/commissioning/spec-services/npc-crg/comm-eval/

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chemoradiation and the first appraisal committee meeting was held on 14 February 2019. By the end of March 2019 all committees will have discussed at least 1 topic that has been appraised using the new process.

24. The 2018/19 business plan indicated that NICE would publish 75 technology appraisals. At the time of writing the report, 44 have published so far and it is anticipated that a final number of 56 pieces of guidance will publish for the 2018/19 business year. This number is lower than anticipated as 21 scheduled topics were suspended or delayed during the business year for a variety of reasons: 38% due to licencing changes, 38% after draft guidance publication to accommodate on-going discussions with NHS England regarding commercial opportunities, 14% for a short period of time at company request (resulting in publication in the 2019/20 business year), and 10% due to non-submission of evidence from the company.

25. The voluntary scheme for branded medicines pricing and access (VPAS) was published on 5 December 2018[2]. This replaces the 2014 Pharmaceutical Pricing Regulation Scheme (PPRS). NICE is recognised in the introduction as supporting the voluntary scheme and identified as central in its operation (paragraph 1.4). The topic selection, technology appraisals and highly specialised technologies programmes are continuing to work on plans to deliver all commitments outlined in the 'access, uptake and outcomes' chapter (#3) of the scheme. This will progress through the current 2019/20 business planning cycle.

Budget impact test

26. The budget impact test (BIT) is used to trigger discussions about developing potential commercial agreements between NHS England and companies in order to manage the budget impact of introducing high cost treatments. NICE provides NHS England and the company with an independent calculation of the level of budget impact of a positive NICE recommendation for a particular technology. The BIT assessment is completed at 3 distinct stages of TA and HST guidance development:

- Evidence Submission
- Following the 1st advisory committee meeting
- Following the 2nd advisory committee meeting (when held)

27. The NICE BIT becomes void for technologies recommended within the CDF, as the mechanism for managing the CDF allows for affordability to be appropriately managed (i.e. via the expenditure control mechanism). The BIT will be re-applied

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to topics as they exit the CDF and are re-reviewed. The BIT will also become void if the appraisal committee does not recommend the use of the technology in routine commissioning.

28. To date 111 BITs have been completed at the point of company evidence submission. A further 10 BITs are anticipated to be completed before the end of the 2018/19 business year. A summary of the impact of the BITs is provided in the table below.

Financial impact	2017/18		2018/19	
	Number of tests	%	Number of tests	%
£20 million or above	11	19%	20	38%
£15 million to £19.999 million	6	10%	2	4%
Below £14.999 million	42	71%	30	58%
Total number of budget impact tests	**59**	**100%**	**52**	**100%**

29. Of the 31 topics that met the BIT at the company evidence submission stage, 9 have reached final guidance publication; 4 technologies were recommended for use in the CDF, and 5 have been recommended for routine commissioning. NHS England have not needed to formally request a variation to the funding requirements for the routinely commissioned topics, as they have successfully addressed any affordability issues via commercial agreements with the companies involved.

30. Only 1 of the 5 topics that have progressed to final guidance with a recommendation for routine commissioning was subject to a delay of guidance publication as a result of the BIT process; pembrolizumab for untreated PD-L1 positive metastatic non-small-cell lung cancer (CDF Review of TA447) [TA531]. The initial delay was due to a NICE policy decision as to whether the BIT applied to a topic going through CDF review, when the original appraisal had not been subject to the BIT arrangements. Following this, there was a minor delay in progressing the commercial discussions between NHS England and the company. Overall, this did not delay patient access as the CDF continued to fund provision of pembrolizumab until the point that it moved into routine commissioning.

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Centre for Guidelines progress report

1. This report sets out the performance of the Centre for Guidelines against our business plan objectives during January and February 2019. It also highlights areas of work and specific guidelines that are felt to be of particular note for the Board.

Performance

2. Three guidelines were published during January and February 2019; 2 clinical guidelines, and 1 antimicrobial guideline.

3. Seventeen surveillance reviews were published during this reporting period, of which seven were exceptional reviews.

4. Following the publication of the Guidelines Development Manual in October 2018, implementation of the manual started on the 1 January 2019. Any emerging Implementation issues will be discussed with guideline developers at the April Guideline Methodology Group meeting.

5. The external contracts managed within the Centre are delivering according to plan. Quarter 3 review meetings have been completed for all contractors. At the end of quarter 3 all contractors were within budget and on target to complete agreed deliverables. No high level risks are currently being reported.

6. Following the BNF and BNFC contractor responsible for the packaging and distribution of the BNF and BNFC print copies being placed into receivership, the organisation has now agreed a takeover bid, with whom we are now working. Plans are in place and work has started on transitioning to the new contractor from 1 April 2019.

7. The sub-contract to print the BNF is based in Germany and may require further risk assessment depending on the outcome of the UK exiting the EU.

Notable issues and developments

Methodology and process

8. In January, members of the Centre attended a meeting of the GIN ADAPT working group to begin to explore an update to the internationally-agreed ADAPT methodology for the adaptation of guideline recommendations for different contexts. The work of this group will directly inform the methodology

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underpinning NICE's contextualisation process, where guidelines are adapted for different health economies and jurisdictions.

9. In February, members of the Centre attended a workshop hosted by NHS Digital on 'Computable biomedical knowledge in the NHS' to explore our work with routine data and the part it plays in enabling a broader Learning Health System.

10. Harmonised methods and processes for quality assurance across the programme is complete. The process for stakeholder management and engagement across public health, social care and clinical guidelines has been harmonised and a unified process is now in place. All clinical, public health and social care guidelines are now hosted on a single planning system.

11. Revised processes are being implemented to streamline the guideline development update process to make efficiencies to reduce the time to publish guideline updates.

Specific guidelines

12. The centre director, deputy Chief Executive and the programme director for the interventional procedures programme gave evidence at the oral hearing of the Independent Medicines and Medical Devices Safety Review chaired by Baroness Julia Cumberlege. The updated guideline on surgical approaches for stress urinary incontinence and pelvic organ prolapse was published in draft for public consultation on 9 October 2018, and final guidance is expected to be published in April 2019. We are working with other stakeholders to ensure that publication aligns with the outcome of the review and the pause in the use of mesh.

13. The media response to the update of the guideline on depression in children in January was positive, focusing on the importance of a child or young person's personal choice when receiving treatment for depression, and that digital therapies have a place as first-line options for children and young people with mild depression.

14. The committee for the abdominal aortic aneurysm: diagnosis and management guideline met on 28 February to consider of the draft recommendations following quality assurance. Significant concerns were raised during consultation on the draft guideline recommendations for endovascular repair of unruptured aneurysms. The consensus view of the committee was to not change the draft recommendations. NICE appreciates the time and commitment of the committee, and will be considering how to take the recommendations forward.

15. The first meeting of the committee for the guideline on the diagnosis and management of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS)

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was held on 6 February. Committee meetings are being held at hotels to provide patients and their carers with somewhere to rest and stay on the evenings prior to, during and after the meetings.

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Communications Directorate progress report

1. This report sets out the performance of the Communications Directorate against the directorate's business plan objectives during January and February 2019. The business plan objectives are listed on page 8.

2. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives.

3. The Communications Directorate is responsible for ensuring NICE's stakeholders know about how NICE's work can help to improve quality and change practice in health and social care. We help to protect and enhance the reputation of NICE through daily contact with the public, media, parliamentarians and other key groups. And we contribute to ensuring NICE content meets users' needs and is easily accessible through our website and other channels.

Performance

Communications support and strategic advice

4. We designed new webpages to inform companies about the new charging scheme for technology appraisals. We've also improved and updated the [NICE guidelines page.](#) The content now meets accessibility standards and key information is more prominent.

5. We completed an evaluation of the recruitment communications project with HR colleagues. The new style content and marketing approach resulted in 1,316 views of our most popular case study, 723 views of our most popular video and a 6 fold increase in the monthly viewing figures for the jobs page on the NICE website. All roles were recruited to and the number of applications for some posts doubled. As a result of the success of the pilot, we have created more content to support recruitment communications, focusing this time on technical analysts.

6. A new digital newsletter to promote our scientific advice activities was sent to 210 past and current enquirers and customers. The campaign was well received with a 50% open rate and a 18.7% click through rate. These metrics are both higher than the industry and NICE campaign average. There were no unsubscribes.

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7. We have been working with digital services colleagues to secure a platform to host webinars at NICE. We have explored a number of software alternatives and are now focusing our testing on a platform called Zoom, which can be used to host small interactive online meetings and large webinar events for up to 500 people. We are currently looking at technical barriers to use among our NHS audiences, governance and a process for implementing the chosen webinar platform, once confirmed.

8. Preparations are underway for an employee event to celebrate our 20th anniversary. We are also producing a special anniversary themed edition of our employee magazine, NICEtimes which will include an interview with our Secretary of State, Matt Hancock.

9. As part of the continuous improvement work of our internal communication channels we have reviewed the navigation and information architecture on our intranet, NICE Space. As a result of the review we have implemented a series of changes to update and improve user journeys through the site.

Audience insights

10. The fieldwork for the Reputation Research project is almost complete. There have been 129 responses to the MP survey and 2064 for the public omnibus survey. The stakeholder survey will close on 15 March. At the end of February we had received 591 responses and have set a target of 800 stakeholder responses to match the response rate for the 2017 survey.

11. We are currently recruiting for in-depth interviews with senior stakeholders from key organisations as part of the reputation research. We are aiming for 25 interviews and have 15 confirmed so far.

12. Support has been provided to the science policy and research team to analyse the comments that were received for the consultation on the proposed NICE principles documents. Analysis and synthesis of the 94 responses has been conducted and a report is now with the team for consideration.

13. The team are continuing to progress a number of evaluation projects including the involvement of people with learning disabilities in the development of quality standards, and the usage of BNF books within universities.

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Editorial and publishing

14. We have prepared and published 215 documents. This includes new and updated guidance, quality standards, evidence documents, and tools and resources. We have also produced 23 pieces of information for the public.

15. There are now 267 live pathways, consisting of 1861 guidance, advice and CKS products.

16. We have worked with the digital services team on 2 improvements to how our guidance is presented on the website:

    - The [rationales](#) that explain why the committee made our guideline recommendations are now presented in an expandable box next to the recommendations they apply to. This means they don't need to click away from the recommendations section to see why the committee made the recommendations. We will use analytics to see if this change means that more users access the rationales.

    - We have rationalised the categories on our tools and resources tabs to reflect our current products better, and to simplify the presentation. We have reduced from 40 to 9 categories, covering areas such as audit and service improvement, commissioning and service improvement. Summary versions. We are also completing our annual review of tools and resources to ensure that they are all still relevant to our published guidance.

17. The guidelines editing team worked with the Centre for Guidelines to lead 2 workshops for the teams that develop, quality assure and commission guidelines, to share learning and ideas about writing the rationales for making recommendations. The discussions in the workshop will be used to update the notes on writing rationales, and how the teams work together to produce them.

18. In response to feedback on the guideline on chronic heart failure, editors produced [visual summaries](#) of the recommendations on diagnosing and managing the condition.

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Website performance

19. The most read news story on the NICE website during this reporting period was about the retirement of the NICE app. This was viewed more than 10,000 times, with most of those coming from people using the app. The high number of views shows that messaging reached the target audience, and there have been no complaints made about the retirement.

20. Also of note was that news stories on the NICE website were viewed more than 500,000 times during the calendar year 2018. It is the first time this milestone has been reached.

21. The number of sessions on the NICE website exceeded 2 million in January 2019 and reflects the continued upward trend in the number of people using the website.

Number of sessions on nice.org February 2018 to February 2019

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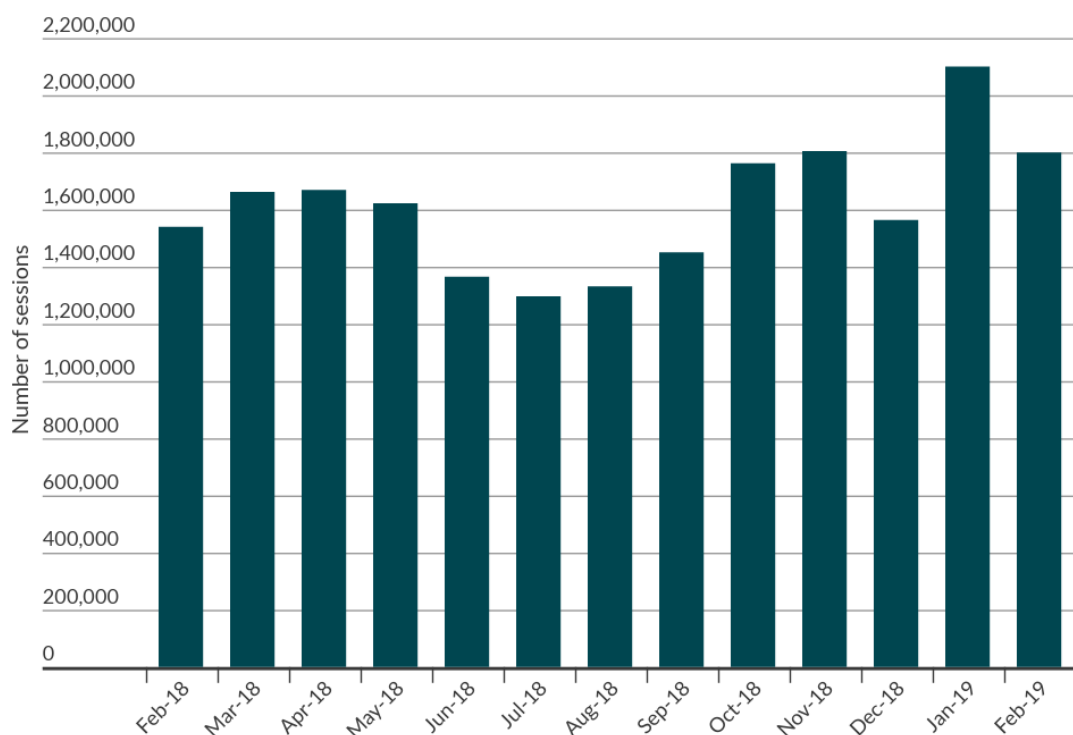
Number of sessions on Pathways February 2018 to February 2019
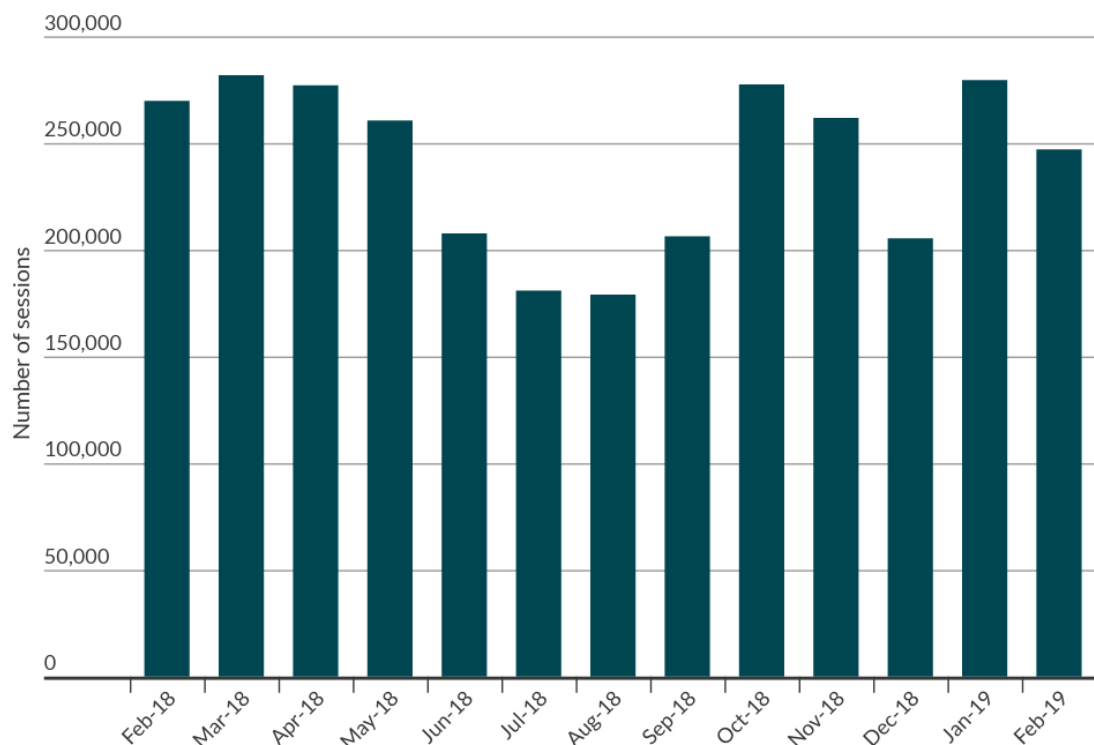
Enquiries

22. During January and February we responded to 1534 enquiries which included 33 MP letters, 30 Freedom of Information (FOI) requests, and 19 parliamentary questions.

23. We have seen significant parliamentary interest in the upcoming review of methods and process for health technology assessments and responded to multiple parliamentary questions on this topic.

24. The quality standard on physical activity: encouraging physical activity within the general population, prompted comments and enquiries from stakeholders and members of the public. Concerns were raised about the impact on car use, people with disabilities and the needs of horse riders.

25. Erenumab for preventing migraine attracted enquiries from people with the condition unhappy with our draft recommendation.

26. Ocrelizumab for primary progressive MS and nusinersen for SMA continue to attract enquiries from MPs and patients. We've also received a petition with 21,000 names on ocrelizumab

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27. The team continues to work through a backlog of enquiries with just under 1,000 enquirers awaiting a response. We have put additional measures in place to reduce the backlog but it remains a significant challenge.

Events

28. The 2019 NICE annual conference programme has been finalised and all speakers have confirmed. Speaker briefings are underway. 240 delegate tickets have been sold (over 50% of our target for paying delegates) and 8 exhibition stands. So far 125 delegates have indicated that they will attend the pre-conference networking reception and shared learning awards, the night before the conference.

29. The guest list for NICE's 20th anniversary stakeholder reception at Parliament has been finalised and the first wave of invitations will be issued in March. Baroness Nicola Blackwood has agreed to host the event and three external speakers are confirmed: Simon Stevens, chief executive of NHS England, Mike Thompson, chief executive of the ABPI and journalist Polly Toynbee.

30. In February, NICE had an exhibition stand at three events including the iNetwork Winter Conference: Connecting People and Place, which attracted 300 delegates. NICE also had a stand at the CVD prevention Conference 2019: Saving Hearts and Minds Together, run by Public Health England. Over 480 delegates attended the event where we showcased NICE guidance and the NICE impact report on CVD prevention.

31. NICE staff spoke at six events during January and February 2019. In January, Deputy Chief Executive Professor Gill Leng spoke at the Westminster Health Forum on priorities for NICE, and how we are adapting to changes across the health and social care landscape. Professor Leng also spoke about reducing and managing conflicts of interest in guideline development at an event run by the International Development Research Centre (IRDC) in Ottawa, Canada. Senior Scientific Adviser Pilar Pinilla-Dominguez spoke at the CAR-TCR Europe Summit in London on evidence development for CAR-T therapies.

Media

32. There was significant press coverage during this reporting period with some controversy. The campaign for access to Orkambi continued to hit the headlines during this period, ahead of the Health and Social Care select committee meeting to discuss the issue on 6 March. The Daily Express has been particularly vociferous on this issue.

33. Also during this period there has been significant media interest in NICE's appraisal of Spinraza for treating the rare genetic disorder spinal muscular

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atrophy. This was prompted by a patient group campaign urging NICE to show flexibility and recommend the treatment for children with SMA ahead of the appraisal committee meeting on 6 March. Coverage included the Daily Mirror and a letter in the Guardian from a number of clinicians.

34. NICE's evaluation under its Highly Specialised Technologies programme of cerliponase alfa for treating Batten disease also hit the headlines after it confirmed in final draft guidance that it would not recommend the drug. The decision came at the end of year-long negotiations between the company and NHS England during which the company was unable to price the treatment at a level that would have addressed the problems highlighted during NICE's assessment of it. The Daily Express covered the decision and highlighted Prince Harry's prior meeting with patient Ollie Carroll.

35. Sentiment percentages for media coverage were as follows:

- Positive 79%

- Neutral 8%

- Negative 13%

36. Coverage of Orkambi and Batten's disease fuelled a higher percentage of negative coverage than we normally receive, along with disappointment that erenumab for migraine was not recommended.

37. There was a great deal of positive coverage of the quality standard, 'Physical activity: encouraging activity within the general population', with blanket coverage in the Daily Mail, BMJ, and Guardian. A new drug for severe asthma was covered in The Sun, Times and MailOnline.

Social media and podcasts

38. We now have over 7,000 page likes on Facebook. On Instagram we received 1,214 interactions (clicks, likes, comments and shares) in January and February, a 56% increase from the last report. On Twitter our top tweet for January-February was promoting the launch of our draft quality standard on encouraging physical activity in the general population. It received 3,164 engagements (clicks, likes, shares, comments) and 129,904 impressions (number of times users saw the tweet).

39. It has been over a year since we launched our podcast series, 'NICE Talks' and they continue to attract new listeners. During January and February we received a total of 3,791 plays bringing our total plays on SoundCloud up to 18,374 plays.

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Communications Directorate objectives 2018-2019:

40. Ensure guidance and related products from NICE are of the highest quality.

41. To be relevant and authoritative - engaging the media, digital audiences, key partners and stakeholders in NICE's work.

42. To encourage and enable our key audiences to discover and implement NICE's work.

43. To offer a creative and productive work environment by prioritising team engagement and personal development.

44. Inform and engage everyone at NICE including Board members in order to embed a shared understanding of NICE's work.

45. Shape and manage our resources in order to support NICE and its strategic objectives effectively and efficiently.

Notable issues and developments

46. Capacity across a number of teams in the directorate is reduced as a result of a higher than usual turnover. Recruitment is underway for a number of posts and we are reviewing workloads and priorities to maintain continuity in our support to the business.

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Evidence Resources progress report

1. This report sets out the performance of the Evidence Resources directorate against our business plan objectives during January and February 2019. It also highlights the usage performance of the NICE Evidence suite of on-line services.

2. The Evidence Resources Directorate comprises three teams which provide a range of functions to NICE:

    •   The Information Resources team provides access to high quality evidence and information to support guidance development. It also commissions key items of content made available to the NHS via the NICE Evidence Services.

    •   The Intellectual Property (IP) and Content Business Management team manages the range of activities involved in granting permissions to use NICE's IP and content.

    •   The Digital Services team delivers NICE's digital transformation activities and maintains all the live digital services of NICE.

Performance

3. Performance against the Evidence Resources objectives for 2018/19 is summarised for each team of the directorate. We also provide an update on our work pertaining to the assessment of Digital Health Tools. Finally, we provide some usage statistics about NICE Evidence Services.

Information Resources update

4. A key objective of the Information Resources team in 2018/19 is to support the re-procurement of the National Core Content (NCC) on behalf of Health Education England (HEE). The team has procured BMJ's Best Practice as a new addition to the NCC; this is the first time the NCC has included a point of care tool. The new NCC collection will be available from 1 April 2019.

5. In March 2019, our team of information specialists will adopt the new Evidence Management platform of NICE. It was an objective of the team to support the development of the platform and transition to it.

6. In the context of the objective to explore new methods and approaches, two members of the information services team have published a book – Systematic searching: practical ideas for improving results – which captures current best

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practice in searching for evidence and looks to the future in terms of challenges and opportunities for the profession.

Intellectual Property (IP) and Content Business Management update

7. Over the last two months, the team has continued to respond to requests to re-use NICE content. 11 quotes to re-use NICE content were issued and 8 licences were signed. The total income invoiced for the year-to-date for content re-use services amounts to approximately £198,000.

Digital Services update

8. There are 4 principal objectives underpinning the work of the Digital Services team in 2018/19. Notable updates against these objectives are addressed in turn.

   Delivery of strategic digital services projects:

9. The Evidence Management platform (delivering web tools for searching evidence, systematic review needs and building an evidence surveillance capability) continues to be developed in a new cloud infrastructure. User training and engagement has increased adoption across NICE teams. Workshops have also been run with NICE's Guideline collaboration centres to inform ongoing development priorities.

10. The Comment Collection project (work to bring efficiencies to the external consultation process) will be assessed by the Government Digital Service (GDS) in April. Training has been completed across several teams. Work to develop further features to support more complex consultations will continue in subsequent phases of development.

11. Work to support configuration of a new identity management solution to replace our current in-house 'NICE Accounts' solution has commenced. An external consultancy is undertaking this work in close partnership with an internal digital services team. This phase of work will conclude before the end of March 2019. Thereafter, over the first 2 quarters of 2019/20, each digital service of NICE will be sequentially migrated onto this new authentication solution.

12. Two short focused pieces of consultancy work have begun in January. These two pieces covered: first advice on approaches and supporting technology to enable authoring and management of complex content, and second assessment of NICE's data management capability across NICE. Both pieces will conclude in March with reports and final presentations. These will inform the development of the NICE Connect Project vision.

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13. A 'discovery phase' to look at the longer-term solution to support stakeholder management at NICE will commence before the end of March 2019. This work was put on hold to prioritise work required on the legacy stakeholder management systems to implement changes required to support the TA and HST charging process.

Live services maintenance and improvements:

14. NICE Digital Services operated within the service levels (98%) agreed with DHSC for availability (uptime) with 100% performance in January and 99.9% performance in February.

15. In January and February, 86 defects were closed. In the same period, 8 Change Control Requests were completed.

16. A strategic review of live services, designed to support prioritisation of capacity and resource to maintain live services, is progressing, with the technical health check phase complete. A paper proposing the retirement of the ROI (Return on Investment) tools and transfer of the underpinning spreadsheets tools to Public Health England (PHE) was agreed by the SMT in February 2019.

Team productivity improvement:

17. Recruitment update: Seven vacant roles were advertised in the autumn, 4 of which were recruited to by December 2018. Our campaigns were extended for the remaining 3 roles, 2 of which were successfully recruited to by the end of February. Two members of staff have however recently resigned. A new recruitment campaign is being planned to fill in these posts and new vacant roles created in the 2019/20 budget

18. Talent management update: A new online training package with high coverage in specialist digital training courses is being procured in partnership with the HR team. It will support staff development across our range of digital disciplines from April 2019.

Promoting external collaborations:

19. Our current provider of cloud hosting services has continued to share information with our Digital Services team to promote their suite of artificial intelligence cloud services. We are identifying use cases to undertake rapid testing of some of these capabilities and assess their potential to support process improvements.

20. Our joint research project with Kings College London to research and develop provenance models for guidance is progressing through planning stages. Work to identify key use cases relating to updating NICE guidance are underway.

21. Members of NICE Digital Services attended a workshop hosted by the 'data, insights and statistics' team at NHS Digital to explore the concept of the Learning

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Health System. Important overlaps relating to the NICE Connect project were identified, with a keen interest from those attending for further collaborative work that would drive forwards both the NICE Connect project as well as the wider health and care interoperability agenda.

'Evidence for Effectiveness' standards for digital health technologies update

22. An important objective of the directorate was to work with NHS England, Public Health England, MedCity and Digital Health London to develop standards for assessing the effectiveness and economic impact of Digital Health Technologies (DHTs). Following an extensive period of engagement with industry, academics and clinicians an initial version of the evidence standards framework was published on 10 December 2018 along with a questionnaire for users to offer feedback. The framework was generally well received across the system and an updated version reflecting the feedback received was published on 4 March 2019. This included a supporting information pack consisting of case studies, a guide to conducting an economic assessment, a budget impact tool and links to relevant data sources and educational resources. The updated version of the framework was published to coincide with the publication of the updated version of code of conduct for data driven health and care technologies published by the Department for Health and Social Care in February 2019, which refers directly to the evidence standards framework published by NICE.

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Performance statistics for NICE Evidence Services

Figure 1: Overview of NICE's digital services performance as of February 2019

Overview of Digital Services performance in February 2019

Total sessions* in February 2019 across NICE websites and apps:	5,164,810	% variance on same month last year	25.00%
		% variance on last month	-11.86%
Total sessions for the full year ending in February 2019:	55,766,561	% change compared to same period last year:	21.13%

Monthly sessions for each web-based service (apps not included)

- NICE.org
- Pathways
- Evidence Search
- BNF website
- BNFc website
- CKS
- HDAS

29,138
778,654
161,774
1,802,027
1,802,106
245,261
343,257

*Session is a group of interactions one user takes within a given time frame on your website

23. Figure 1, above summarises the position of all NICE's digital services at the end of February 2019, contrasting the relative size of the multiple externally facing services of NICE, measured in number of 'sessions' (the number of visits to a website within a date range). There were almost 56 million sessions across all digital services of NICE in the last twelve months which translates to a 21% increase in comparison with the same period in 2017/18.

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Figure 2: Performance of services providing access to 'other evidence' as of February 2019

Performance of services which provide access to other evidence

Evidence Search – sessions	In February 2019	343,257	Var. last year	-38%
			Var. last month	-8%
	In year ending February 2019	4,755,462	Var. last year	-19%
CKS – sessions	In February 2019	778,654	Var. last year	32%
			Var. last month	-11%
	In year ending February 2019	8,209,505	Var. last year	37%
HDAS – sessions	In February 2019	29,138	Var. last year	-6%
			Var. last month	-10%
	In year ending February 2019	342,056	Var. last year	-11%

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24. Figure 2 details the performance of the 3 services which provide access to evidence beyond that produced by NICE: Evidence Search, Clinical Knowledge Summaries (CKS) and HDAS.

- In January and February CKS received 37% more sessions than last year.

- The number of sessions to Evidence Search remained behind last year's performance, recording a decline of approximately 40% on average. There are four tasks currently underway to address this drop in performance, all focusing on improving the performance of Evidence Search on external search engine, especially Google. The Search Engine Optimisation (SEO) activities include title, heading and description improvements.

- Traffic to HDAS also remained behind last year's. This service received on average 5% fewer sessions.

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Figure 3: Performance of services providing access to BNF content as of February 2019

Performance of services which provide access to BNF content

BNF site – sessions

In February 2019	1,802,106	Var. last year	81%
		Var. last month	-12%
In year ending February 2019	18,134,430	Var. last year	133%

BNFc site – sessions

In February 2019	161,774	Var. last year	120%
		Var. last month	-6%
In year ending February 2019	1,508,238	Var. last year	83%
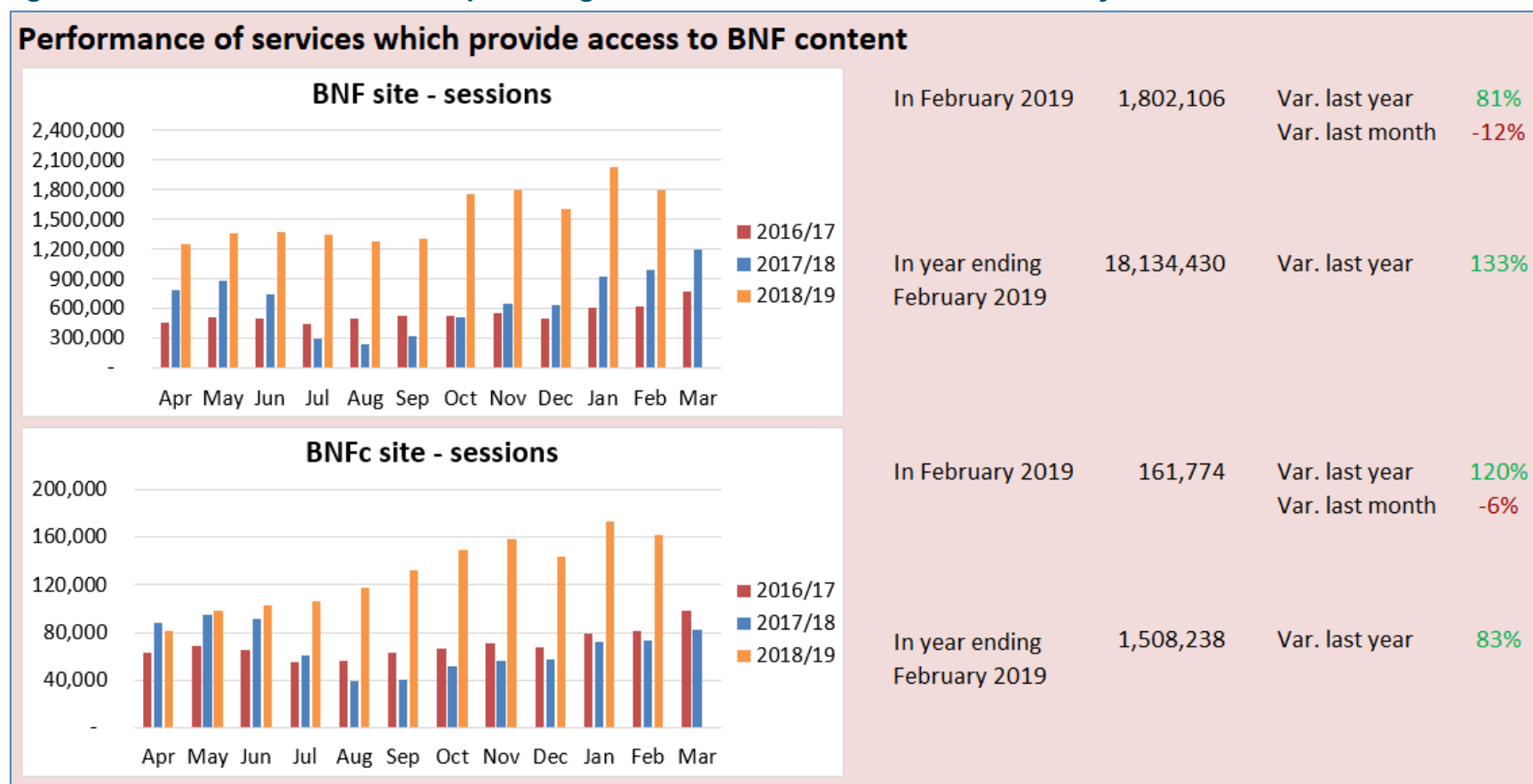
25. Figure 3 summarises the performance of our BNF microsites. BNF and BNFc microsites continue growing with over 1.9 million and 160 thousand sessions respectively on average over the last few months.

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Health and Social Care Directorate

Progress report

1. This report summarises performance against the business plan objectives for the Health and Social Care Directorate for January and February 2019. A summary is also provided for areas of work that have seen significant progress and are felt to be of particular note for the Board.

Performance

2. The directorate successfully delivered a number of key products during January and February 2019 as set out in the business plan, including:

    - Medicines Evidence Commentaries:

        - [Self-harm in older people: incidence, management and risk of suicide](#)

        - [Thromboembolic disease: direct oral anticoagulants compared with warfarin in a real-world setting](#)

        - [Substances involved in poisoning among young people.](#)

    - Social care quick guides:

        - [Improving young people's experiences in transition to and from inpatient mental health settings](#): A quick guide for mental health practitioners supporting young people.

        - [Helping to prevent pressure ulcers:](#) A quick guide for registered managers of care homes.

        - [Person centred future planning](#): A quick guide for practitioners supporting people growing older with learning disabilities.

3. The Chief Executive's Report details delivery of quality standards and evidence summaries, and any variation to plan.

4. The following additional products were delivered. These are all on target, ahead of schedule or within the tolerance indicated in the NICE Business Plan Balanced Score Card at end February 2019:

    - 46 weekly medicines awareness services bulletins.

    - 50 shared learning examples.

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- 26 endorsement statements.

5. Resource impact products were produced for all positive NICE guidance recommendations alongside the guidance.

6. Budget impact tests were completed within 10 days for all company submissions where information was complete.

Notable issues and developments

NHS Long Term Plan

7. A cross institute exercise is underway to consider what NICE can offer to support the implementation of the Long Term Plan. We are looking at how the programmes of work around NICE guidance and standards have a potential contribution and where NICE might want to be part of new areas of work. This will feed into discussions with NHS England (NHSE) and NHS Improvement (NHSI), and as part of the implementation framework groups due to be formally announced in the spring.

8. Lunch and learn sessions about the Long Term Plan and considerations for NICE were held for staff across London and Manchester and were extremely well attended. A programme of blog articles is being planned to be shared via the NICE intranet.

Data and Analytics

9. The Data and Analytics team has been actively engaging with staff across NICE and has completed a staff survey to identify the skills, experiences and challenges for data and analytics work at NICE. The team has held internal workshops in London and Manchester to feed into the development of our methods and processes framework. This framework will be reviewed by the external reference group, before being presented to the Board in May.

10. The team is recruiting two data scientists to be based within the Centre for Guidelines and the Centre for Health Technology Evaluation. The team has also strengthened its relationship with external partners and has applied to be a partner organisation to the Turing Institute's Data Science for Social Good programme, with a focus on social care data.

Indicator Programme

11. The GP contract for 2019/20 was published on 31 January, setting out changes to workforce, structural changes to the NHS through the introduction of Primary Care Networks and changes to the Quality and Outcomes Framework (QOF).

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12. Changes to the 2019/20 QOF see a greater alignment to NICE guidance, with indicators developed by NICE for COPD, hypertension and mental health being added to the framework. The 2019/20 QOF also includes the new diabetes indicators that use stratification to reduce both under-treatment and over-treatment for people with diabetes.

13. In collaboration with the Royal College of General Practitioners (RCGP) and the Health Foundation, NICE has worked with NHSE and the BMA's General Practitioners' Committee to develop two quality improvement modules for inclusion in the QOF. The two modules cover prescribing safety and end-of-life care, the two modules will be financially incentivised through the 2019/20 QOF from April 2019. It is expected that 8 further quality improvement modules will be published by the end of summer 2019.

Quality Standards Programme

14. The Department of Health and Social Care, PHE and NHSE have been engaged at a range of levels to discuss the quality standards programme for 2019/20. The final programme was signed off at the 3 Sectors Meeting in early January and includes topics such as: carers (provision of care and support for adult carers, and support for carers); internal air; long-term sickness absence and management; and perioperative care.

15. A public consultation on the draft quality standard for physical activity was held for 4 weeks from early January. The draft quality standard gained significant interest by national news media and the team have received a high volume of consultation responses which will now be considered by the quality standards team.

Fellows and Scholars Programme

16. The Fellows and Scholars programme has identified 10 Fellows and 10 Scholars to join the programme from April. The applications were of a good quality and applicants represent a range of health, social care and charity organisations.

Student Champion Scheme

17. The Student Champion Scheme delivered a 'Learning about NICE' day which was attended by 48 students from 7 universities and 4 new members of staff. The event drew on expertise from across NICE. Rosie Benneyworth, non-executive director of NICE, opened the day and participated in the Q and A panel.

Public Involvement Programme

18. The Public Involvement Programme held a workshop attended by 23 voluntary and community sector organisations to explore how we might improve meaningful

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public involvement in the development of NICE medicines and technologies guidance. The outcomes and report from the event will inform developments in public involvement approaches as part of the CHTE2020 work.

Engagement with the system

19. The directorate has continued to actively engage across the health, public health and social care system to ensure advice from NICE informs local, regional and national work. Additional detail is provided below.

National engagement

20. Presented a medicines optimisation webinar as part of the Pharmacy Integration programme with NHSE and the Royal Pharmaceutical Society.

21. Chaired the judging panel for the Local Government Chronicle public health award. NICE has sponsored the public health category and will take part in the national awards ceremony in March.

22. NICE had a significant presence at the Public Health England (PHE) Cardiovascular Disease (CVD) Prevention Conference in February which focussed on scaling up prevention to improve service impact and outcomes.

23. Represented on the national judging panel for the Skills for Care accolades awards. NICE sponsored the accolade for 'Most effective approach to integrated new models of care' and took part in the national awards ceremony.

24. Worked with the Think Local Act Personal Partnership to run a workshop on improving medicines support in the community. The key messages from the workshop will be used to support a joint campaign on improving medicines support.

Regional engagement

25. Increased awareness of the NICE sustainability and transformation partnerships (STP) resources launched during 2018 and gathered examples of their use.

26. Worked with regional PHE teams and clinical networks utilising workshops and network meetings with STPs to develop and embed CVD prevention activities.

27. Supporting the development of new Skills for Care network managers groups and ensuring NICE is at the core of their work.

28. NICE is establishing links with several regional Association of Directors of Adult Social Care Services (ADASS) networks to discuss how NICE can inform and influence their work.

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Recruitment of lay people to NICE committees

Figure 1 Patient & public committee member recruitment for the period January and February 2019.
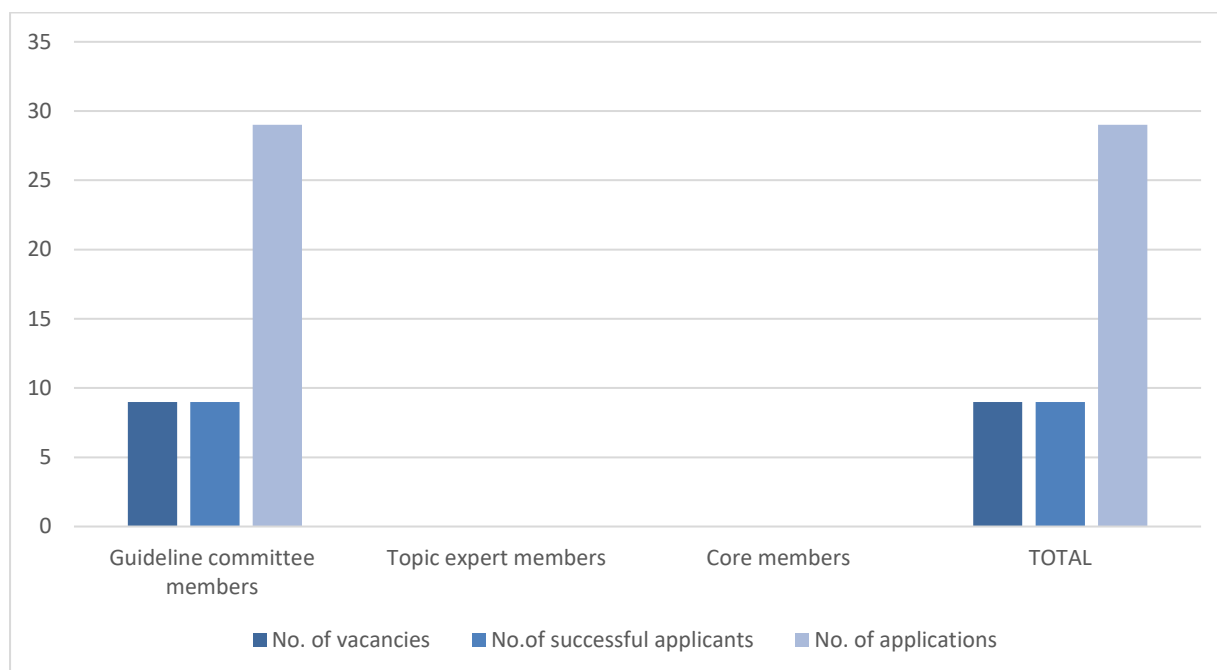
29. Overall, the ratio of applications to vacancies was 3.2:1; the target being 2:1 or greater, with 29 applications for 9 vacancies.

30. In addition, 4 patient experts were identified to give testimony at committee meetings and 3 people were co-opted as specialist committee members onto Quality Standards Advisory Committees.

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