

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

30 January 2019 at 1.30pm

The Spitfire Ground, St Lawrence, Old Dover Rd, Canterbury CT1 3NZ

AGENDA

- | | | |
|--------|---|----------|
| 19/001 | Apologies for absence
To receive apologies for absence | (Oral) |
| 19/002 | Declarations of interests
To declare any new interests and consider any conflicts of interest specific to the meeting | (Item 1) |
| 19/003 | Minutes of the last Board meeting
To approve the minutes of the Board meeting held on 21 November 2018 | (Item 2) |
| 19/004 | Matters arising
To consider matters arising from the minutes of the last meeting | (Oral) |
| 19/005 | Chief Executive's report
To receive the Chief Executive's report
<i>Andrew Dillon, Chief Executive</i> | (Item 3) |
| 19/006 | Finance and workforce report
To receive the finance and workforce report
<i>Catherine Wilkinson, Acting Director, Business Planning and Resources</i> | (Item 4) |
| 19/007 | NICE impact: sexual health
To review the report
<i>Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate</i> | (Item 5) |
| 19/008 | The use of data analytics at NICE: progress report
To receive an update
<i>Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate</i> | (Item 6) |
| 19/009 | NHS Long Term Plan: initial overview of the expectations and opportunities for NICE
To note and comment on the report
<i>Andrew Dillon, Chief Executive</i> | (Item 7) |
| 19/010 | Audit and Risk Committee
To receive the unconfirmed minutes of the Audit and Risk Committee meeting held on 28 November 2018 | (Item 8) |

Dr Rima Makarem, Chair, Audit and Risk Committee

- 19/011 **NICE Connect project** (Oral)
To receive an update
*Professor Gillian Leng, Deputy Chief Executive and Director,
Health and Social Care Directorate*
- 19/012 **Renewal of tenure for Chairs of the technology appraisal
and medical technologies advisory committees** (Item 9)
To consider the proposal
*Meindert Boysen, Director, Centre for Health Technology
Evaluation*
- 19/013 **Remuneration committee terms of reference and
standing orders** (Item 10)
To approve the updated terms of reference and standing
orders
Dr Rosie Benneyworth, Acting Chair
- 19/014 **Vice Chair and Senior Independent Director** (Item 11)
To approve the appointment of the Vice Chair
Dr Rosie Benneyworth, Acting Chair
- 19/015 **Director's report for consideration** (Item 12)
Centre for Guidelines
- Directors' reports for information**
- 19/016 Centre for Health Technology Evaluation (Item 13)
- 19/017 Communications Directorate (Item 14)
- 19/018 Evidence Resources Directorate (Item 15)
- 19/019 Health and Social Care Directorate (Item 16)
- 19/020 **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 20 March 2019 at Lancaster Town Hall, Dalton Square, Lancaster LA1 1PJ

Interests Register - Board and Senior Management Team

Name	Role with NICE	Description of interest	Interest arose	Interest ceased
Board Members				
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	
Rosie Benneyworth	Non-Executive Director and Vice Chair	Director of Strategic Clinical Services Transformation, Somerset CCG.	2017	
		Board Trustee, Nuffield Trust.	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	
		Honorary Professor, Institute of Regional Health Research, University of Southern Denmark.	2007	

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	
		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	
		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
		Board Member, Pistoia Alliance Advisory Board.	2017	
		Non-Executive Director, Pembrokeshire Retreats Ltd.	2006	
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	
Tom Wright CBE	Non-Executive Director	Chief Executive, Guide Dogs.	2017	
Senior Management Team				
Sir Andrew Dillon	Chief Executive	Trustee, Centre for Mental Health charity.	2011	
		Visiting Professor at Imperial College London.	2016	
Ben Bennett	Director Business Planning & 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	Non-Executive Director Tavistock and Portman NHS Mental Health Trust.	2014	

	Communications			
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	
Alexia Tonnel	Director Evidence Resources	Spouse worked part-time as a contract engineer for a medical device start up, at prototype stage, called Suttrue.	2017	April 2018
Catherine Wilkinson	Acting Director Business Planning & Resources	Trustee – Age UK, Lancashire	2018	

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**Public Board Meeting held on 21 November 2018
at Liverpool Women's Hospital, Crown Street, L8 7SS**

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.

Present

Dr Rosie Benneyworth	Vice Chair and Non-Executive Director
Professor Sheena Asthana	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Professor Martin Cowie	Non-Executive Director
Elaine Inglesby-Burke	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director

Executive Directors

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

Directors in attendance

Meindert Boysen	Centre for Health Technology Evaluation Director
Paul Chrisp	Centre for Guidelines Director
Jane Gizbert	Communications Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
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18/090 APOLOGIES FOR ABSENCE

1. Apologies were received from Sir David Haslam and Tom Wright.

18/091 DECLARATIONS OF INTEREST

2. The declared interests were noted, and it was confirmed there were no conflicts of interest relevant to the meeting.

18/092 MINUTES OF THE LAST MEETING

3. The minutes of the public Board meeting and the subsequent part 2 meeting held on 19 September 2018 were agreed as correct records.

18/093 MATTERS ARISING

4. The actions arising from the public Board meeting held on 19 September 2018 were noted as complete.

18/094 CHIEF EXECUTIVE'S REPORT

5. Andrew Dillon presented his report, which described the main programme activities to the end of October 2018 and summarised the financial position at 30 September. At the end of this period, there were no major variances to planned outputs, with a financial underspend forecast at the year-end.
6. The Board received the report.

18/095 FINANCE AND WORKFORCE REPORT

7. Ben Bennett presented the report which outlined the financial position at 30 September 2018, and gave an update on workforce developments. Year to date, there is a financial underspend of £0.6m, which is forecast to increase to £0.9m by the year-end due to further underspends on vacant posts. Ben highlighted the statement of comprehensive net expenditure and statement of financial position for the first six months of the year, and noted that as requested by the Board, the report includes additional analysis of the staff survey results.
8. In response to a question from the Board, Ben Bennett confirmed that the £4.3m reduction in current assets compared to the same point last year is due to the timing of transactions and does not represent any material concerns.
9. Board members welcomed the additional information provided on the staff survey, and noted that staff based at home or in the London office are less likely to report they intend to be working for NICE in 12 months' time than those based in Manchester. These staff are also less likely to feel the future of their job is safe. Board members highlighted the need to ensure the factors driving this variance are understood and fed into the workforce strategy as appropriate. Ben Bennett confirmed that the HR team work closely with directors to address any areas of concern in the staff survey.
10. The Board received the report.

18/096 NICE IMPACT REPORT: ANTIMICROBIAL RESISTANCE

11. Gill Leng presented the report on how NICE's guidance can contribute to improvements in the prevention and management of antimicrobial resistance, and the impact of NICE's guidance on the recognition, diagnosis and management of sepsis. Gill highlighted the ongoing activities with system partners to support implementation of the antimicrobial stewardship guidelines, and also the activities to promote this and previous impact reports.
12. The Board discussed the report, and noted in particular the information in the report on the variation in antibiotic prescribing in primary care within England, and also the data from the European Centre for Disease Prevention and Control that shows when compared to other European Countries, the UK ranks in the middle for antibiotic prescribing in primary care, but the third highest of the 23 countries where data is available for secondary care prescribing. Board members highlighted the importance of promoting the impact report and NICE's guidance with the primary care sector, and Gill Leng noted that work with the NHS RightCare programme will help explore and address variation in primary care prescribing. It was also noted that NICE may be commissioned to produce antimicrobial prescribing guidance for secondary care, following the positive feedback on the managing common infections guidance focused on primary care. Andrew Dillon commented further on the European data, and noted the benefit of clearly denoting where there are gaps in the data and providing a brief commentary to explain any key points of interest.

ACTION: Gill Leng

13. The Board received the report.

18/097 WORKFORCE STRATEGY

14. Ben Bennett presented the refreshed workforce strategy, which covers the period 2018 to 2021. He explained that the strategy is focused on five themes, and confirmed annual plans will be developed to drive the strategy's implementation.
15. The Board discussed staff involvement in developing and implementing the strategy, and the approach for measuring the strategy's implementation. Ben Bennett stated that the strategy was informed by staff survey feedback and discussions with UNISON. Looking forward, the staff survey will be used to measure the strategy's impact, and progress updates will also be provided in the finance and workforce reports to the Board. Andrew Dillon noted that staff were briefed on the proposed strategy at the recent all staff meeting, but agreed it would be helpful to further consider the approach to engaging staff in the strategy's implementation.

ACTION: Ben Bennett

16. Board members discussed whether the strategy sufficiently reflects actions around equality and diversity. Ben Bennett highlighted NICE's activities in this area, including the equality objectives, annual reporting to the Board, and an intention to develop a diversity strategy. The Board agreed that the workforce strategy should be amended to reflect this work.
17. Subject to the above amendment, the Board approved the workforce strategy.

ACTION: Ben Bennett

18. In response to a question from a member of staff in the audience, Ben Bennett outlined the work underway to review the use of the Manchester office space, with the aim of creating additional work stations for NICE staff.
19. A member of the audience asked about NICE's activities to recruit staff from the NHS. Ben Bennett highlighted that jobs are advertised on the NHS Jobs website, and there are opportunities available through the Fellows and Scholars programme for health and care professionals.

18/098 WHISTLEBLOWING POLICY

20. Ben Bennett presented the revised whistleblowing policy, which the Audit and Risk Committee reviewed and supported at their meeting in September. The policy takes account of learning from a recent whistleblowing investigation and draws on the model NHS policy as appropriate.
21. The Board approved the policy.

18/099 NICE PATHWAYS

22. Gill Leng presented the paper on the pathways project, and noted that while the report focuses on the pilot phase, this would be a multi-year transformation programme.
23. The Board discussed the aims of the pilot and highlighted the need for the committee to explore how the pathway concept can be applied more generally to NICE's work and not solely focus on developing a product to present NICE's diabetes guidance. It was suggested that it would be helpful to amend the committee's terms of reference to reflect the objective of making NICE's extensive and detailed guidance more accessible, particularly to service users and frontline health and care professionals.
24. The importance of lay member input to both the pathway committee and external reference group was noted, with the need to include a wider lay perspective beyond diabetes. In response, Gill Leng confirmed there is lay

representation on both the committee and the reference group, and agreed to confirm the extent the reference group includes a general lay perspective.

ACTION: Gill Leng

25. The Board discussed the resources required for both the pilot and subsequent roll-out. It was noted that reprioritising existing activities will release some of the resources required for the pilot, and this will be explored as part of the business planning process for 2019/20. Additional external funding may however be required to enable the proposed digital development activities.
26. The Board approved the pilot, subject to amending the committee's terms of reference to state that the pathways will allow service users and health and care professionals to access rapidly and easily the underpinning evidence and practical support for NICE guidance, particularly at key decision points.

ACTION: Gill Leng

18/100 AUDIT AND RISK COMMITTEE MINUTES

27. Rima Makarem, chair of the Audit and Risk Committee, presented the unconfirmed minutes of the committee's meeting held on 26 September 2018.
28. The Board received the unconfirmed minutes.

18/101 NICE CHARTER

29. Jane Gizbert presented the proposed amendments to the Charter following its annual review.
30. The Board approved the updated Charter.

18/102 TECHNOLOGY APPRAISAL AND HIGHLY SPECIALISED TECHNOLOGIES APPEALS REPORT

31. Ben Bennett presented the report on the appeals received against NICE's final draft recommendations for technology appraisals (TA) and highly specialised technologies (HST) evaluations. He thanked Maria Pitan in NICE's corporate office for her work managing the appeals process.
32. The Board noted the report, and welcomed the intention to invite the TA committee chairs to the annual appeals training day to help feed learning from appeals into the TA process.

18/103 BOARD CHAIR AND VICE CHAIR

33. Andrew Dillon presented the paper that set out the arrangements for covering the chair and vice chair responsibilities during Sir David Haslam's absence.
34. The Board:
 - Agreed that Dr Rosie Benneyworth would continue to undertake her duties in relation to the TA and HST appeals process while covering the chair role.
 - Designated Professor Tim Irish as the non-executive who would be asked to chair a Board meeting during Sir David Haslam's absence should Dr Rosie Benneyworth be unable to preside.

18/104 DIRECTOR'S REPORT FOR CONSIDERATION

35. Gill Leng presented the update from the Health and Social Care Directorate and highlighted several points of note, including progress in delivering the strategic engagement metrics, the discussions at the Guideline Resource and Implementation Panel, and the recent collaboration between staff in the indicators team and academics to produce a paper for the New England Journal of Medicine on the impact of removing pay for performance incentives on the quality of care in primary care. Gill highlighted that following recent discussions at the National Improvement and Leadership Development (NILD) Board, she has been asked to lead a piece of work on quality improvement.
36. Board members discussed the report and made a number of comments and observations. The importance of aligning the proposed quality improvement work for the NILD Board with the Care Quality Commission's existing framework was highlighted. As was the scope for NHS Improvement's use of resources assessment to consider compliance with NICE's cost saving guidance. It was also suggested that the Directorate's strategic engagement activity should be expanded to include engagement with the life sciences and digital technology sectors.
37. The Board noted the report and thanked Gill for the Directorate's work.

18/105 – 18/108 DIRECTORS' REPORTS FOR INFORMATION

38. The Board received the Directors' Reports.

18/109 ANY OTHER BUSINESS

39. There was no further business to discuss.

NEXT MEETING

40. The next public meeting of the Board will be held at 1.30pm on 30 January 2019 at The Spitfire Ground, St Lawrence, Old Dover Rd, Canterbury CT1 3NZ.

National Institute for Health and Care Excellence

Chief Executive's report

This report provides information on the outputs from our main programmes to the end of December 2018 and on our financial position for the same period, together with comment on other matters of interest to the Board.

The Board is asked to note the report.

Andrew Dillon

Chief Executive

January 2019

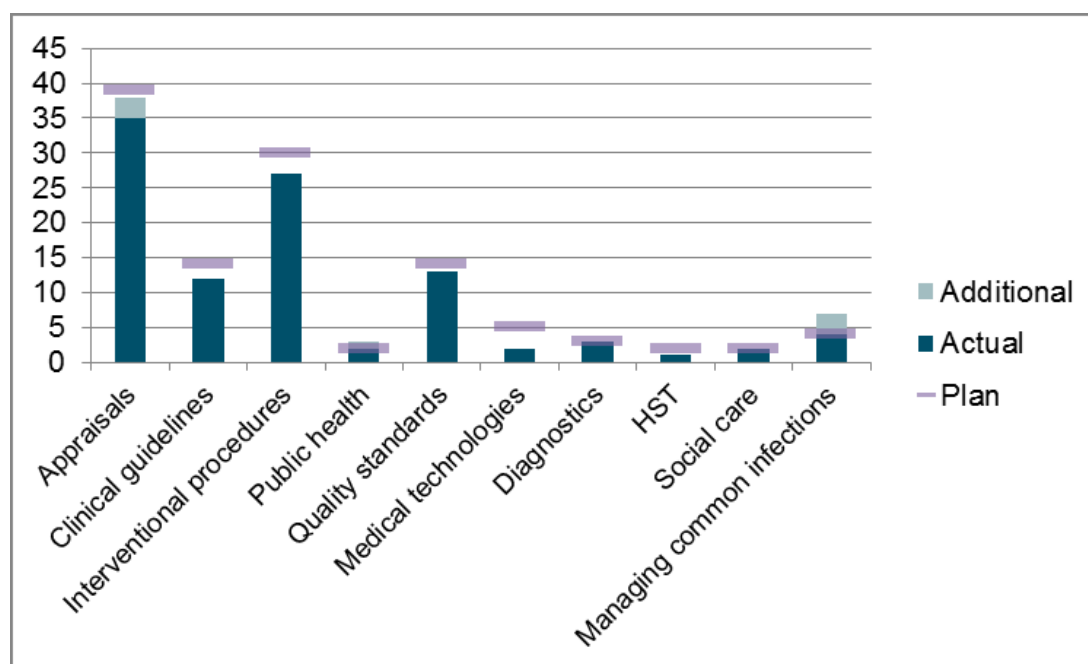
Introduction

1. This report sets out the performance of the Institute against its business plan objectives and other priorities, for the 9 months to the end of December 2018, and for income and expenditure for the same period. This report also notes the guidance published since the last public Board meeting in November and refers to business issues not covered elsewhere on the Board agenda.
2. Appendix 5 sets out balanced scorecard for the first 9 months of the financial year. The scorecard measures the Institute's performance against a series of significant metrics. Material variations to the targets agreed at the beginning of the year are explained in the table.
3. The report also contains a report on the performance of the Science, Advice and Research programme.

Performance

4. 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.
5. 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 and December 2018 is set out in Charts 1 and 2, below.

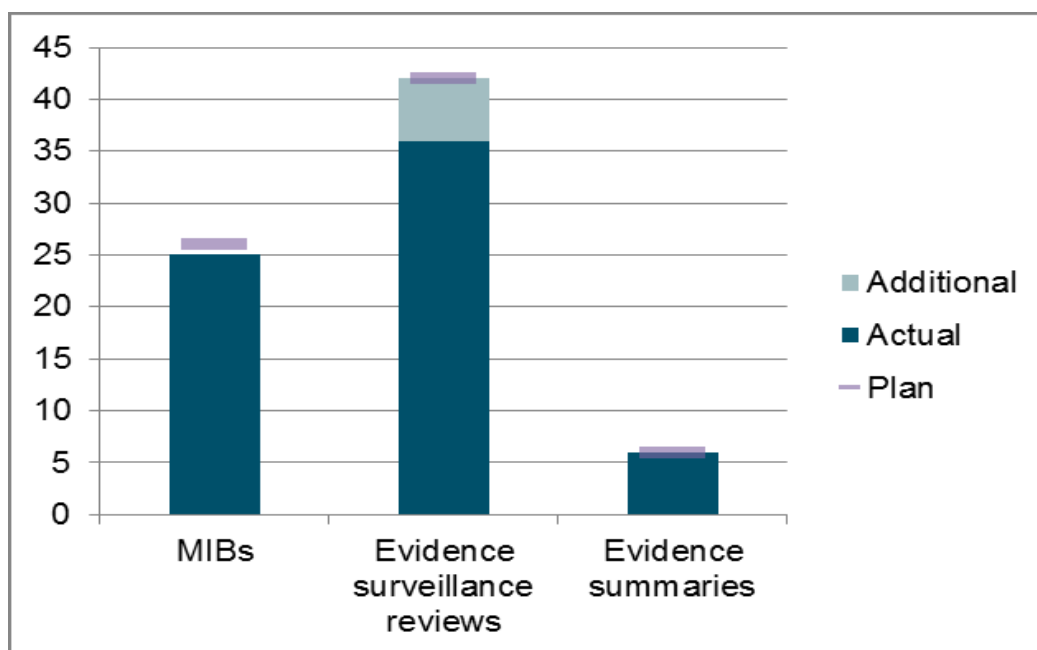
Chart 1: Main programme outputs: April to December 2018



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
6. 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 November is set out Appendix 4.
 7. The performance of other Institute programmes is set out in Chart 2, below.

Chart 2: Advice programmes main outputs: April to December 2018



Notes to Chart 2:

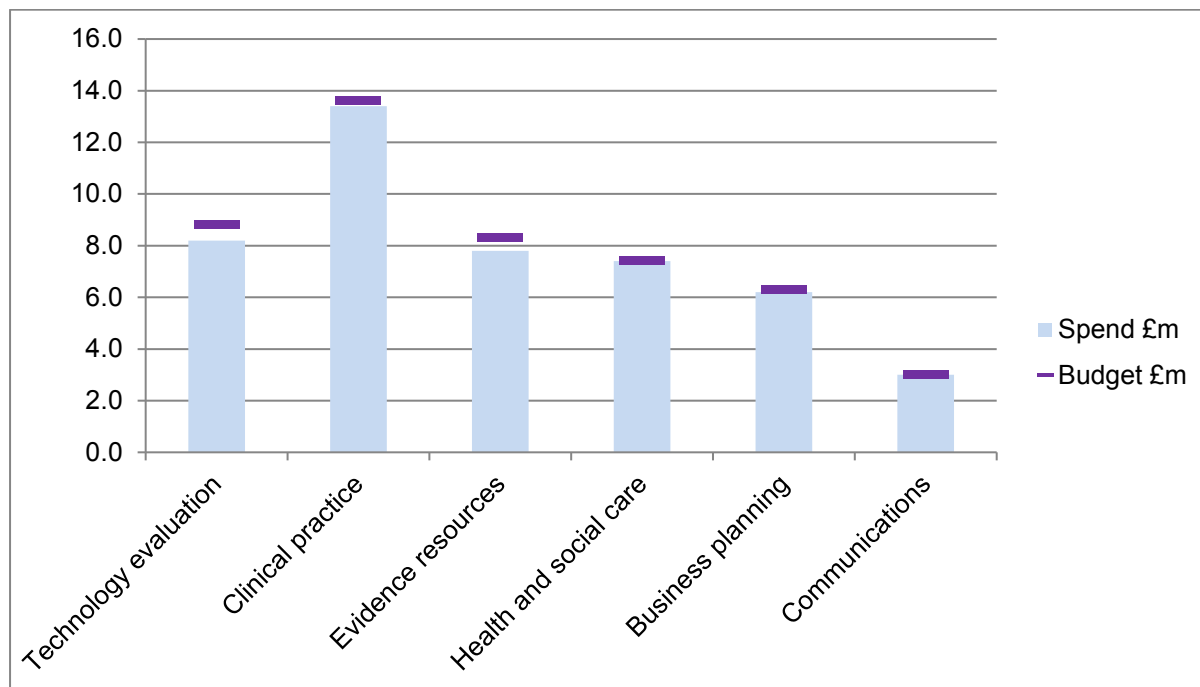
MIBs (medtech innovation briefings) are reviews of new medical devices

Financial position (Month 9)

8. The financial position for the 9 months from April to the end of December 2018 is an under spend of £1.1m (3%), against budget. This consists of under spend of £1.0m on pay and £0.24 on non-pay budgets, offset by income under recovery of

£0.15m. 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 to December 2018 (£m)



Science Advice and Research programme

NICE Scientific Advice

9. Over November and December 2018, NICE Scientific Advice initiated 2 new advice projects and a further 10 external engagements, including speaking slots at the Pharma and Medtech Access Leaders Forums in Berlin, an Ethical Medicines Industry Group (EMIG) members meeting in London, the European Biopharmaceuticals Enterprises Conference in London and a European Organisation for Research and Treatment of Cancer (EORTC) workshop in Brussels. The team also finished its first advice projects in vaccines and patient preference studies and completed the first parallel advice project with the Canadian Agency for Drugs and Technologies in Health (CADTH).
10. The International Knowledge Transfer service had a further 6 engagements, including a workshop in Mumbai on the topic of point-of-care diagnostics for antimicrobials on behalf of the Global Innovation Foundation *Nesta*. They hosted several international delegations including the Federation of Pharmaceutical Manufacturers Association of Japan, the Norwegian Ministry of

Health, Kyoto Pharmaceutical University, representatives from Yan' An Hospital in China and senior executives from a group of Canadian research institutions. In addition, the team explored opportunities with the NHS International Health Group and have provisionally agreed to become advisory partners to the Prosperity Fund's Better Health programme. The team also established connections with the NHS Confederation International Group.

11. Jeanette Kusel was appointed as Director for NICE Scientific Advice and started with the team in early November. Jeanette brings 10 years of consultancy experience in the field of health technology evaluation and an in-depth knowledge of the life sciences industry.
12. Following establishment of the NICE Scientific Advice business unit in April 2018, NSA adopted an invest-to-grow strategy for the current financial year. Despite increased business development activities, some anticipated risks to the programme - such as the EU exit and the introduction of TA cost recovery - appear to have already started to take effect, resulting in lower-than-expected demand from the life sciences industry. NSA has developed a mitigation strategy for Q4 which focusses on a short-term business development drive, market research to better understand the current landscape, a review of spending to identify any savings that can be made and a comprehensive review of existing services and pricing. NSA will continue to proactively monitor risk and adjust the mitigation strategy accordingly.

Office for Market Access

13. The Office for Market Access has carried out 10 engagements throughout the first three quarters of 2018-2019 and a further 5 are scheduled to take place before the end of March 2019 covering a broad range of themes.
14. There has been continued interest and enthusiasm by the life sciences industry to engage and work collaboratively with the NICE Office for Market Access and other health landscape partners. Moving into 2019, the Office for Market Access will explore how the current service offering can be developed and enhanced to provide more varied opportunities for the life sciences industry to engage.

Science Policy and Research

NICE Principles

15. A consultation of a new version of the principles that inform the development of NICE guidance and standards is open for 3 months until 11 February 2019. The document brings together existing statements on the way we practice, in particular the principles set out in our Social Values Judgements document. It also links to, and is consistent with, the legislation that establishes NICE in its

current form, the NICE charter, and other legal, ethical and technical considerations that relate to decisions about how to allocate fixed resources in health and social care. The consultation aims to find out whether this is an appropriate and helpful way of describing how we work; it is not an invitation to suggest changes to our methods or processes.

Accelerated Access Collaborative Secretariat

16. The AAC Secretariat is continuing to engage and work with the 12 companies whose products have been selected for rapid uptake support from the AAC. A Working Group is leading on plans for delivering the rapid uptake support, and a metrics subgroup has also been established to agree how AAC partners will measure impact. The Secretariat has also rolled out the formal AAC product identification process, and partners have been asked to start identifying products which may be suitable for Transformative Designation and entry onto the Accelerated Access Pathway. It is anticipated that the first transformative products will be selected in Spring 2019.

EUnetHTA

17. The NICE-led work package published its second implementation report in November following up use of EUnetHTA assessments across agencies in Europe. The report featured quantitative and qualitative data about the use and experience of using EUnetHTA assessments. The team has also started work supporting EUnetHTA to develop the scientific and technical mechanism of a permanent mechanism of HTA cooperation. The first outcomes of this work are expected in the first quarter of 2019.

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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Details of the main programmes' performance against plan at the end of 2018/19, 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • The number of topics going through the new technical engagement step is growing. 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	<ul style="list-style-type: none"> • Review the methods and processes for efficient and timely guideline update outputs 	<ul style="list-style-type: none"> • The revised Guidelines Manual was published on the NICE website on 31 October. Plans are in place for

Objective	Actions	Update
accelerate the development of guidelines	<ul style="list-style-type: none"> • 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 	implementation of the manual in all guidelines starting from 1 January 2019.
Maintain a suite of digital evidence services to meet the evidence information needs of health and social care users and partner agencies	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Work is underway to implement access to the new national core content (NCC) into HDAS (healthcare databases advanced search) and to award the contracts to successful bidders. HEE has subsequently identified funds for a point of care tool as part of the NCC. We are on track to release the invitation to quote in January with a view to awarding the contract in February.
Implement NICE-related aspects of the life sciences industries sector deal and the Accelerated Access Review	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. • Arrangements are in place for a soft launch of HealthTech Connect at the start of February 2019, with accessor rights granted to all key partners by the project

Objective	Actions	Update
	<ul style="list-style-type: none"> Engage with DHSC and MHRA to ensure operational readiness for the UK's departure from the European Union 	<p>board. Full launch is planned for 1 April 2019.</p> <ul style="list-style-type: none"> Members of the commercial liaison team have been working with NHSE 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.
<p>Review and remodel the approach to developing and delivering NICE guidance to take account of real world data, machine learning and new digital platforms</p>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 will take 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.

Objective	Actions	Update
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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.
Deliver a programme of support to encourage the adoption of drugs and other medical technologies recommended by NICE	<ul style="list-style-type: none"> • Promote the innovation scorecard within the clinical community to encourage the uptake of recommended drugs and technologies • Deliver budget impact assessments to inform application of the budget impact test within the NICE TA and HST programmes 	<ul style="list-style-type: none"> • 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. • Budget impact assessments are being delivered as planned.
Monitor the impact and uptake of Health and Social Care products and	<ul style="list-style-type: none"> • Produce 6 topic based reports showing uptake and impact of NICE guidance and standards 	<ul style="list-style-type: none"> • Topic based reports are presented to the Board at each public meeting. In January 2019 this covers sexual health.

Objective	Actions	Update
services and ensure that guidance and standards meet the needs of our audiences	<ul style="list-style-type: none"> • Deliver a rolling programme of audience research projects including an annual stakeholder reputation audit 	<ul style="list-style-type: none"> • The fieldwork for the Reputation Research survey is underway. A survey has been distributed to MPs, with online stakeholder and public surveys to follow at the end of January. In depth interviews will also be conducted with senior stakeholders. Elements of the field work will help support the NICE Connect project and 20th anniversary celebrations.
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 through regular evaluation	<ul style="list-style-type: none"> • 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 • Deliver a programme of quality assurance activities including endorsement, shared learning and the shared learning award 	<ul style="list-style-type: none"> • A streamlined version of the header and footer will be implemented soon, removing unpopular links. The next areas for review are site wide navigation and the guidance overview tab. • Communications worked with the Public Involvement Programme to overhaul their pages, improving the content, better showcasing the team's work and making the pages easier for users to navigate. • A meeting of a core group of the Shared Decision Making (SDM) Collaborative is taking place in January to share updates on SDM activities across members and to set 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

Objective	Actions	Update
		<p>has taken place and the scoping workshop for the topic was held in early December.</p> <ul style="list-style-type: none"> Quality assurance activities are progressing as planned. The shared learning award for 2019 is now open for entries from across health and social care.
<p>Promote collaboration on evidence management, system integration and data science initiatives across ALBs and with academic establishments and other external stakeholders</p>	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Our current provider of cloud hosting services have met 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. Our joint proposal with Kings College London to research and develop provenance models for guidelines was successful. Work will start in January. These provenance models are seen as important for both maintenance of guidelines and interoperability with systems used across the NHS. So far, 4 digital therapy technologies have been found to be eligible to enter the IAPT 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.

Objective	Actions	Update
Create a structured and coordinated approach for working with and listening to stakeholders	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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. • The Insights team presented the findings from an insights project to the Social Care Forum in January. The report, brings together insights from a number of audience research projects that have included responses from social care respondents. The report will inform discussion about what social care audiences expect from NICE and how we can track our future work with these audiences. We will produce a summary version that will be distributed more widely.
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	<ul style="list-style-type: none"> • 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) • Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities 	<p>A number of digital projects are underway across the portfolio, including:</p> <ul style="list-style-type: none"> • The Evidence Management platform (delivering web tools for systematic review needs and building an evidence surveillance capability) continues to be developed in a new cloud infrastructure. Plans are in place to increase user adoption and agree the priority features for the next development release. This includes workshops with NICE's Guideline collaboration centres.

Objective	Actions	Update
	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> The Comment Collection project (work to bring efficiencies to the external consultation process) is awaiting a confirmed date for a Government Digital Service (GDS) Service Assessment in January/February. Several ACDs (appraisal consultation document) have now successfully used the tool to collect comments. Work to develop features to support the administration of the consultation process within NICE was completed in December. The procurement of an identity management solution was completed and a contract to support configuration of this for implementation was signed in December. Work will begin in January to plan for roll out to NICE digital services from Quarter 1 2019 onwards. The procurement of consultancy expertise to advise on approaches and supporting technology to enable authoring and management of complex content has begun and will include a review of mature systems. The ability to produce and store guidance in a more structured format will be integral to realising the NICE Connect Project vision. A discovery phase to look at the longer term solution to support stakeholder

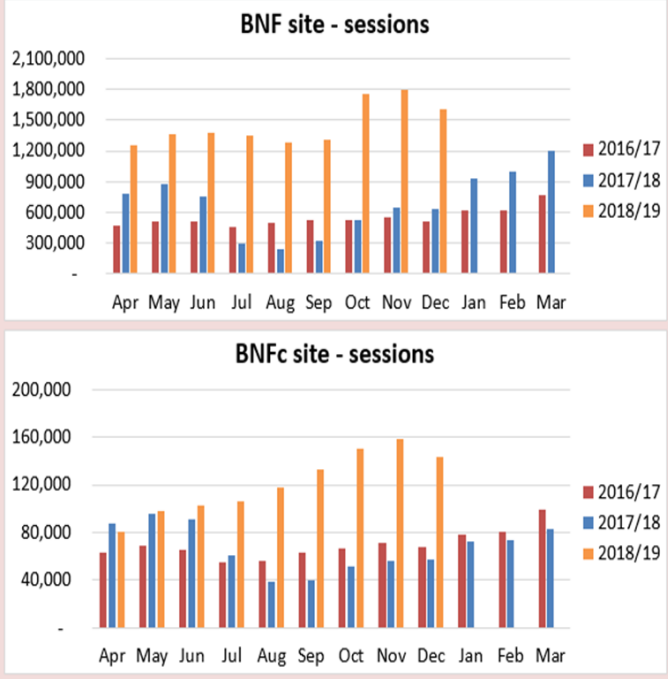
Objective	Actions	Update
		management at NICE was approved in December and will commence in Q1 2019.
Inform the review of the Pharmaceutical Price Regulation Scheme (PPRS)	<ul style="list-style-type: none"> Engage with the Department of Health and Social Care to inform the re-negotiation of the PPRS, focussing attention on those aspects of the Scheme which have an impact on the development of NICE guidance 	<ul style="list-style-type: none"> The new voluntary scheme for branded medicines pricing and access was published in early December. Implementation plans for the activities related to NICE are being developed.
Operating efficiently		
Operate within resource and cash limits in 2018-19	<ul style="list-style-type: none"> Deliver performance against plan for all budgets and achieve or exceed on non-Grant-in-Aid income targets 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> All savings targets are being 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. The first invoices will be raised in February.
Further develop and grow NICE Scientific Advice	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Over the past quarter, NICE Scientific Advice (NSA) initiated new advice projects and participated in 10 national and international external engagements. The team also finished its first advice projects in vaccines and patient preference studies and completed the first parallel advice

Objective	Actions	Update
		<p>project with the Canadian Agency for Drugs and Technologies in Health (CADTH).</p> <ul style="list-style-type: none"> • Following establishment of the NSA business unit in April 2018, NSA adopted an invest-to-grow strategy for the current financial year. NSA are anticipating some challenges with regards to the impact of EU exit. NSA has developed a mitigation strategy for Q4 which focuses on business development work and market research to better understand the current landscape.
<p>Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Over the last two months, the team has continued to respond to requests to re-use NICE content. 21 quotes to re-use NICE content were issued and 12 licences were signed. The total income invoiced for the year-to-date for content re-use services amounts to approximately £195,000. • The International Knowledge Transfer service had a further 6 engagements, including a workshop in Mumbai on the topic of point-of-care diagnostics for antimicrobials on behalf of the Global Innovation Foundation Nesta. They hosted several international delegations including the Federation of Pharmaceutical Manufacturers Association of Japan, the Norwegian Ministry of Health, Kyoto Pharmaceutical University, representatives from Yan' An Hospital in China and senior

Objective	Actions	Update
		<p>executives from a group of Canadian research institutions. In addition, the team explored opportunities with the NHS International Health Group and have provisionally agreed to become advisory partners to the Prosperity Fund's Better Health programme. The team also established connections with the NHS Confederation International Group.</p>
<p>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</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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.
<p>Develop an accommodation strategy, taking into account projected future demand and national policy</p>	<ul style="list-style-type: none"> • Consider the options for future office space in London, taking account of current lease arrangements • Prepare a strategy for Board approval by December 2018 	<ul style="list-style-type: none"> • 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.

Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	NICE ran a national social work engagement workshop that had really positive feedback. Discussion focussed on how NICE can work more closely with social work organisations to support social workers' awareness and use of NICE guidance and quality standards, and to support evidence-based social work practice. A number of key social work organisations attended the event, including the Chief Social Worker for Adults, the Principal Social Workers' Network, Social Work England, British Association of Social Work and Joint University Council Social Work Education Committee, and all are very keen to work with NICE. We are now developing plans to take this forward. As a result of the workshop, NICE was invited to join the Chief Social Worker for Adults' advisory group.	Para 20
Guidelines	The surveillance team has been working with the NIHR to refine the processes for a joint system to identify when key NIHR funded trials are published, which may impact on NICE guidelines. The processes adopted by both organisations have been reviewed and improved. A report has been produced to provide feedback to staff involved in the collaboration showing the positive impact of the work. The report includes examples of the benefit of the NICE-NIHR link and how it can facilitate opportunities to incorporate practice changing research into guidance relatively rapidly after publication.	Para 14
Health technology evaluation	The voluntary scheme for branded medicines pricing and access (VPAS) was published on 5th December 2018. 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 actively working on plans to deliver all commitments	Para 19

	<p>outlined in the ‘access, uptake and outcomes’ chapter (Chapter 3) of the scheme. This will progress through the current 2019/20 business planning cycle.</p>																									
<p>Evidence resources</p>	<p>Performance of services which provide access to BNF content</p>  <table border="1" data-bbox="1176 359 1724 941"> <tr> <td>In December 2018</td> <td>1,610,074</td> <td>Var. last year</td> <td>154%</td> </tr> <tr> <td></td> <td></td> <td>Var. last month</td> <td>-10%</td> </tr> <tr> <td>In year ending December 2018</td> <td>16,221,163</td> <td>Var. last year</td> <td>129%</td> </tr> <tr> <td>In December 2018</td> <td>143,559</td> <td>Var. last year</td> <td>151%</td> </tr> <tr> <td></td> <td></td> <td>Var. last month</td> <td>-10%</td> </tr> <tr> <td>In year ending December 2018</td> <td>1,319,222</td> <td>Var. last year</td> <td>57%</td> </tr> </table>	In December 2018	1,610,074	Var. last year	154%			Var. last month	-10%	In year ending December 2018	16,221,163	Var. last year	129%	In December 2018	143,559	Var. last year	151%			Var. last month	-10%	In year ending December 2018	1,319,222	Var. last year	57%	<p>Figure 3</p>
In December 2018	1,610,074	Var. last year	154%																							
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In year ending December 2018	1,319,222	Var. last year	57%																							
<p>Communications</p>	<p>During December the enquiry team celebrated the milestone of reaching 100,000 enquiries since 2010 when a new system for logging enquiries was introduced. The team continues to work through a backlog of enquiries with around 800 enquirers awaiting a response. This is a significant increase since the last reporting period and is the result of a higher than usual vacancy rate in the team and an increase in the number of complex enquiries. We are exploring a number of options to reduce the backlog as quickly as possible. During November and December we’ve responded to 3076 enquiries which included 25 MP letters, 25 Freedom of</p>	<p>Para 4-8</p>																								

	<p>Information (FOI) requests, and 15 parliamentary questions. Over 3000 campaign emails were received about the committee appointments for the update of the ME/CFS guideline. After ME/CFS, cannabis-based products for medicinal use was the most popular topic during this period.</p>	
<p>Finance and workforce</p>	<p>We are continuing to use mini masterclasses to support managers with implementing policies. Most recently we have been delivering work-life balance masterclasses, focussing on our flexible working, family friendly and leave policies. These have been attended by 135 staff members. The next mini masterclasses will focus on the revised Whistleblowing policy and how to respond to an employee raising a concern.</p> <p>15 new mental health first aiders have been trained in December. Approximately 4% of our workforce are now mental health first aiders and are based in both London and Manchester. Four more cohorts of mental health first aid training are planned for 2019.</p>	<p>Para 29-30</p>

Appendix 3: Guidance development: variation against plan April - December 2018

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	3 topics delayed	Suspected neurological conditions: Delayed as ongoing discussions held 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 due to ongoing discussions with stakeholders. 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	3 topics delayed	Ex vivo machine perfusion for extracorporeal preservation of livers for transplantation: Late consultation comments resulted in the IP being taken back to committee. Publication was delayed by a further month following advice from the NICE communications team. Published in January (Q4 2018-19).
		Percutaneous venoplasty for chronic cerebrospinal venous insufficiency in Multiple Sclerosis: Timelines rescheduled to allow availability of specialist advisor. Published in January (Q4 2018-19).
		Platelet-rich plasma injections for osteoarthritis of the knee: Delayed for consideration of resolution request. Anticipated publication is to be confirmed.
Medical technologies	3 topics delayed	Senza: Delayed for second consultation and resolution. Published in January 2019 (Q4 2018-19).
		IN.PACT: Delayed awaiting availability of new evidence. Topic paused.
		Mepilex: Delayed for fact checking. Published in January (Q4 2018-19).
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).

Programme	Delayed Topic	Reason for variation
Quality Standards	1 topic delayed	People's experience using adult social care services: Delayed to allow for discussion with DHSC on the wording of statement 2. Anticipated publication January 2019 (Q4 2018-19).
Diagnostics	No variation against plan 2018-19	
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 to be confirmed.
		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 to be confirmed.
		Nivolumab with ipilimumab for untreated metastatic renal cell carcinoma: Topic suspended. In 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 re-scheduled and a further update will be issued in due course. Expected publication to be confirmed.
		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 to be confirmed.
	3 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 last year (TA449) and one part (TA539) in August of this year.
		Denosumab for preventing skeletal-related events in multiple myeloma: Published as a terminated appraisal in December 2018 (Q3 2018-19).

Programme	Delayed Topic	Reason for variation
		Decitabine for untreated acute myeloid leukaemia: Published as a terminated appraisal in December 2018 (Q3 2018-19).
Highly Specialised Technologies (HST)	1 topic delayed	Afamelanotide for treating erythropoietic protoporphyria [ID927]: Following receipt of an appeal, which was upheld at the appeal hearing in July 2018, the topic has been returned to the committee. Anticipated publication June 2019 (Q1 2019-20).
Social Care	No variation against plan 2018-19	
Managing Common Infections	No variation against plan 2018-19	
	3 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).

Appendix 4: Guidance published since the last Board meeting in November 2018

Programme	Topic	Recommendation
Clinical Guidelines	Chronic obstructive pulmonary disease in over 16s: diagnosis and management	General guidance
	Post-traumatic stress disorder	General guidance
Interventional procedures	Subcutaneous automated low-flow pump implantation for refractory ascites caused by cirrhosis	Special arrangements
	Transcranial MRI-guided focused ultrasound thalamotomy for neuropathic pain	Do not use
	Percutaneous insertion of a temporary heart pump for left ventricular haemodynamic support in high-risk percutaneous coronary interventions	Special arrangements
	Transcutaneous neuromuscular electrical stimulation for oropharyngeal dysphagia in adults	Special arrangements / Only in research
	Bronchial thermoplasty for severe asthma	Standard arrangements
Medical technologies	No publications	
Diagnostics	Tumour profiling tests to guide adjuvant chemotherapy decisions in early breast cancer	EndoPredict (EPclin score), Oncotype DX Breast Recurrence Score and Prosigna are recommended. MammaPrint and IHC4+C are not recommended.
Public Health	No publications	
Managing Common Infections	Urinary tract infection (catheter-associated): antimicrobial prescribing	General guidance
	Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing	General guidance
	Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing	General guidance
Social care	No publications	
Quality Standards	Oesophago-gastric cancer	Sentinal markers of good practice
	Pancreatic cancer	Sentinal markers of good practice
Technology Appraisals	Tofacitinib for moderately to severely active ulcerative colitis	Optimised
	Padeliporfin for untreated localised prostate cancer	Not recommended

Programme	Topic	Recommendation
	Gemtuzumab ozogamicin for untreated acute myeloid leukaemia	Optimised
	Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years	Recommended for use within the CDF
	Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence	Recommended for use within the CDF
	Liposomal cytarabine–daunorubicin for untreated acute myeloid leukaemia	Recommended
	Lenvatinib for untreated advanced hepatocellular carcinoma	Optimised
	Vandetanib for treating medullary thyroid cancer	Not recommended
	Denosumab for preventing skeletal-related events in multiple myeloma	Terminated appraisal
	Decitabine for untreated acute myeloid leukaemia	Terminated appraisal
Highly Specialised Technologies (HST)	No publications	
Evidence summaries	Cannabidiol in epilepsy	Summary of best available evidence
	Temozolomide for the treatment of anaplastic astrocytoma	Summary of best available evidence
Medtech Innovation Briefings (MIB)	Axonics sacral neuromodulation system for overactive bladder and faecal incontinence	Summary of best available evidence
	Cerebrotech Visor for detecting stroke	Summary of best available evidence
	Galaxy UNYCO for temporary stabilisation of lower limb fractures	Summary of best available evidence
	Video laryngoscopes to help intubation in people with difficult airways	Summary of best available evidence
Evidence Surveillance Reviews	CG112 Sedation in under 19s: using sedation for diagnostic and therapeutic procedures	Surveillance review decision
	CG111 Bedwetting in under 19s	Surveillance review decision
	CG106 Barrett's oesophagus: ablative therapy	Surveillance review decision

Programme	Topic	Recommendation
	CG184 Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management	Surveillance review decision
	NG1 Gastro-oesophageal reflux disease in children and young people: diagnosis and management	Surveillance review decision
	CG141 Acute upper gastrointestinal bleeding in over 16s: management	Surveillance review decision
	CG183 Drug allergy: diagnosis and management	Surveillance review decision
	CG179 Pressure ulcers: prevention and management	Surveillance review decision
	CG60 Otitis media with effusion in under 12s: surgery	Surveillance review decision
	PH3 Sexually transmitted infections and under-18 conceptions: prevention	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.

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.

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.

Appendix 5: Balanced Scorecard 2018-19: April 2018 – December 2018

Delivering services and improvements

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Development and publication of guidance and evidence outputs (as specified in Business Plan)						
Publish 2 public health guidelines	Publication within stated quarter	80%	2	3	150%	Green
Publish 19 clinical guidelines, including updates	Publication within stated quarter	80%	14	12	86%	Green
Publish 4 management of common infections	Publication within stated quarter	80%	4	7	175%	Green
Publish 2 social care guidelines	Publication within stated quarter	80%	2	2	100%	Green
Publish 75 technology appraisals guidance	Publication within stated year	100%	39	38	97%	Amber
<p><i>Notes:</i> 4 topics delayed:</p> <ul style="list-style-type: none"> <i>Blinatumomab for acute lymphoblastic leukaemia [ID1036]: Following a regulatory timing update from the company the topic is to be rescheduled. New publication date to be confirmed.</i> <i>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.</i> <i>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 re-scheduled and a further update will be issued in due course. Expected publication to be confirmed.</i> 						

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Development and publication of guidance and evidence outputs (as specified in Business Plan)						
<ul style="list-style-type: none"> <i>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 to be confirmed.</i> <p>3 additional topics published in 2018-19, that were not planned for this financial year:</p> <ul style="list-style-type: none"> <i>Lutetium (177Lu) oxodotreotide for treating unresectable or metastatic neuroendocrine tumours: MTA was split into 2 appraisals in 2017-18, with one part published last year (TA449) and one part (TA539) in August of this year.</i> <i>Denosumab for preventing skeletal-related events in multiple myeloma: Published as a terminated appraisal in December 2018 (Q3 2018-19).</i> <i>Decitabine for untreated acute myeloid leukaemia: Published as a terminated appraisal in December 2018 (Q3 2018-19).</i> 						
Publish up to 30 interventional procedures guidance	Publication within stated quarter	80%	30	27	90%	Green
Publish 4 diagnostics guidance	Publication within stated quarter	80%	3	3	100%	Green
Publish 3 highly specialised technologies guidance	Publication within stated year	100%	2	1	50%	Amber
<p><i>Notes:</i></p> <ul style="list-style-type: none"> <i>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.</i> 						
Publish 8 medical technologies guidance	Publication within stated year	80%	5	2	40%	Amber
<p><i>Notes:</i></p> <ul style="list-style-type: none"> <i>Senza: Delayed for second consultation and resolution. Anticipated publication January 2019</i> <i>IN.PACT: Delayed awaiting availability of new evidence. Topic paused.</i> <i>Mepilex: Delayed for fact checking. Anticipated publication January 2019.</i> 						

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Development and publication of guidance and evidence outputs (as specified in Business Plan)						
Publish 34 medtech innovation briefings (MIBs)	Publication within stated year	80%	26	25	96%	Green
Submit advice to Ministers on up to 38 Patient Access Schemes	Publication within stated year	100%	29	30	103%	Green
Deliver up to 25 commissioning support programme topics to NHS England	Submission to NHS England Clinical Panel within stated quarter	80%	4	4	100%	Green
Publish 58 guidance surveillance reviews	Publication within stated quarter	80%	42	49	117%	Green
Publish up to 20 evidence summaries	Publication within year	80%	0	6	600%	Green
Deliver 10 quick guides for social care	Publication within year	100%	6	6	100%	Green
Deliver 20 quality standards	Publication within stated quarter	80%	14	13	93%	Green
Deliver 1 indicator set	Publication within year	100%	1	1	100%	Green
Deliver 30 endorsement statements	Publication within stated quarter	80%	25	20	80%	Green
Deliver 50 shared learning examples	Publication within stated quarter	80%	30	32	107%	Green
Publish 12 monthly updates of the BNF and BNF C content	Publication within stated quarter	80%	9	9	100%	Green
Deliver a regular medicine awareness service (50 MAWs)	Publication to regular schedule	90%	38	38	100%	Green
Deliver 16 medicines optimisation key therapeutics topics	Publication within stated quarter	80%	0	0	N/A	Green
<i>Notes:</i>						

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Development and publication of guidance and evidence outputs (as specified in Business Plan)						
<i>No publications have been planned.</i>						
Deliver 25 medicines evidence commentaries	Publication within stated quarter	80%	19	19	100%	Green
Deliver 4 IAPT (Improving Access to Psychological Therapies) assessment briefings	Publication within stated quarter	80%	0	0	N/A	Green
<i>Notes: No publications have been planned.</i>						

Adoption and impact

Outputs	Measure	Target	Planned YTD	Actual YTD	Cumulative performance	RAG
Provision of support products for the effective implementation of guidance						
Provide adoption support products for up to 5 topics	Provide within year	80%	1	1	100%	Green
Publish up to 96 resource impact products to support guidance	Publication within year	80%	67	52	78%	Amber
<i>Notes: Resource impact products were produced for all positive NICE guidance recommendations alongside the guidance. The difference in the number of products planned and the number actually produced is due to the publication of technology appraisals, medical technologies and diagnostics guidance being below plan at this point in time.</i>						

Maintaining and developing recognition of the role of NICE						
Coverage of NICE in the media	% of positive coverage of NICE in the media resulting from active programme of media relations	80%	80%	80%	80%	Green

Operating efficiently

Outputs	Measure	Target	Planned YTD	Cumulative performance	RAG
Delivering programmes and activities on budget					
Effective management of financial resources	Revenue spend	To operate within budget	2018/19 Quarter 3 year-to date (YTD) budget was £38.6m.	Net YTD spend for 2018/19 Quarter 3 was £37.4m. This was a net under spend of £1.2m and is mainly due to vacant posts.	Green
Effective management of non-exchequer income	Net income received from non-exchequer income sources measured against business plan targets	90%	The business plan income target was to receive £2.5m year-to-date (YTD) for Scientific Affairs programme, Office for Market Access, Intellectual Property income and research grants. Costs have been £0.2m lower in the Scientific Affairs	Quarter 3 YTD income was £2.1m, equivalent to 90% of the revised income target.	Green

			programme, resulting in a revised income target of £2.3m.		
Produce the annual report and accounts within the statutory timeframe	Publications	100%	Lay before summer parliamentary recess.	2017-18 Annual accounts laid 10 July 2018 as planned.	Green

Outputs	Measure	Target	Cumulative performance	RAG
Maintaining and developing a skilled and motivated workforce				
Management of recruitment	Proportion of posts appointed to within 4 months of first advertisement	80%	95%	Green
Management of sickness absence	Quarterly sickness absence rate is lower than NHS average rate (3.7% Apr-Jun 2011) or general rate for all sectors (2.8%)	90%	100%	Green
Staff satisfaction	Proportion of staff reporting in staff survey that the Institute is a good, very good or excellent place to work (global job satisfaction index)	75%	95%	Green
Staff involvement	Hold monthly staff meetings	80%	89%	Green
Staff well-being	Implementation of NICE's quality standard for healthy workplaces: improving employee mental and physical health and wellbeing in respect of own staff	80% of quality statements	80%	Green
Sustainable development				
Recycled waste	% of total waste recycled	50%	99%	Green
Improving stakeholder satisfaction				
Improved satisfaction	Complaints fully responded to in 20 working days	80%	100%	Green
Improved satisfaction	Enquiries fully responded to in 18 working days	90%	92%	Green
Improved satisfaction	Number of Freedom of Information requests responded to within 20 working days	100%	98%	Amber
<i>Notes:</i>				

<i>99 FOI requests were received by the end of quarter 3 of 2018-19. Two requests were responded to outside of the required timeframe. In Q1, one was delayed due to the need for 3rd party advice on technology appraisal redactions and commercial sensitivity. In Q2, the second was delayed due to senior staff availability, off-site storage retrieval and seeking legal advice.</i>				
Improved satisfaction	Parliamentary Questions contribution provided within requested timeframe	90%	97%	Green
Ensuring stakeholders have access to our websites as the main communication channel	Percentage of planned availability, not including scheduled out of hours maintenance	98%	99.97%	Green

Outputs	Measure	Target	Planned Q1 to Q2	Actual Q1 to Q2	Cumulative performance	RAG
Interest in opportunities for lay people to sit on our advisory reflected by ratio of applications to positions	2 to 1 (or greater) each quarter	100%	2 to 1	7.2:1	360%	Green

Outputs	Measure	Annual target	Cumulative performance	RAG
Improving efficiency and speed of outputs				
Speed of production	% STAs for all new drugs issuing an ACD or FAD within 6 months of the product being first licensed in the UK	90%	100%	Green
Speed of production	% of multiple technology appraisals from invitation to participate to ACD in 41 weeks, or where no ACD produced to FAD in 44 weeks	85%	N/A	Green
<i>Notes: No publications have been planned.</i>				
Speed of production	% of Appeal Panel decisions received within 3 weeks of the hearing	80%	100%	Green

RAG Status - Key



= Greater than or equal to annual target



= Between 50 % and less than annual target



= Less than 50% of annual target

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January 2019

National Institute for Health and Care Excellence

Finance and workforce report

This report gives details of the financial position as at 31 December 2018 and an update on workforce developments.

The Board is asked to review the report.

Catherine Wilkinson

Acting Director, Business Planning and Resources

January 2019

Financial Position as at 31 December 2018

Summary

1. Table 1 summarises the financial position as at 31 December 2018. There is a full analysis in Appendix 1

Table 1 Financial Position at 31 December 2018

	Year to date (31 December 2018)				Estimated Outturn (31 March 2019)			
	Budget £m	Expenditure £m	Income £m	Variance £m	Budget £m	Expenditure £m	Income £m	Variance £m
Guidance & Advice	38.1	37.8	(0.9)	(1.2)	51.1	50.4	(1.1)	(1.7)
Corporate	9.9	10.4	(0.7)	(0.2)	13.2	14.0	(0.9)	(0.1)
Science Advice & Research	0.1	2.3	(1.9)	0.3	0.2	3.0	(2.4)	0.4
Other Income	(9.5)	0.0	(9.6)	0.0	(12.6)	0.0	(12.5)	0.1
Reserves	0.0	0.0	0.0	0.0	0.7	0.3	0.0	(0.4)
Grand Total	38.6	50.5	(13.0)	(1.1)	52.6	67.8	(16.9)	(1.8)

2. Table 1 above shows a total under spend of £1.1m (3%) at the end of December 2018. This is primarily on pay expenditure attributable to vacant posts.
3. The full-year forecast position is that the under spend will increase to £1.8m, this is an increase of £0.9m to the figure provided in the November finance and workforce report.
4. The capital budget of £0.5m is currently underspent, with £0.1m actual and committed spend during the first nine months of the year.

5. Total expenditure to 31 December 2018 was £50.5m and income recognised was £13m. Thus the net expenditure was £37.5m, which was £1.1m (3%) lower than the budget of £38.6m. The under spend comprised of:
- £1m pay under spend arising from vacant posts across the Directorates.
 - £0.24m non pay under spend due to external assessment centre contracts under spend and lower than budgeted programme support costs.
 - The above under spends are offset by income being £0.15m lower than anticipated.
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.

Pay and resourcing

7. Total pay expenditure to 31 December 2018 was £26.5m, which was a £1.1m (4%) under spend against budget.
8. Key pay variances include a year to date under spend on staff of £0.4m (6%) in the Centre for Health Technology Evaluation, £0.28m (7%) in Evidence Resources and £0.22m (5%) in the Centre for Guidelines.
9. During December 2018, there were 615 wte staff in post against a budget of 682 wte, with vacant budgeted posts totalling 67wte (a 10% vacancy rate). The budgeted vacancy rate has been consistently around 10% for the first 9 months of the year, with overall headcount having fallen by 10 heads since 31 March 2018. Although 68 new starters have joined NICE in the first 9 months, 78 employees have left in the same period. 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.
10. The HR team are continuing to explore ways to enhance recruitment and also improve staff retention rates. Further details are provided in the workforce section of this report.

Non-pay expenditure

11. Total non-pay expenditure to 31 December 2018 was £24m, which was a £0.24m (1%) under spend against budget.
12. Key non pay variances include a year to date under spend of £0.14m 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.

13. In the Centre for Health Technology Evaluation there has been an under spend of £0.15m mainly due to not utilising the call off element of the new external assessment centre contracts that began on 1 October 2018. The new contracts have a flexible call off budget (40% of total contract value) in addition to their monthly fixed elements and this is unlikely to be fully utilised in 2018/19.
14. The full year forecast outturn for non-pay is an under spend of £0.39m against budget. This is mainly due to an expected increase in the existing under spends identified above.

Income

15. Total income and other funding sources as at 31 December 2018 was £13m and is £0.15m below budget. Of total income, £9.9m relates to agreements we have in place with the devolved administrations (£1.6m), NHS England (£5.3m) and Health Education England (£3m) to use NICE services and products or fund programmes within the organisation.
16. The other income received relates to the Scientific Advice programme (£1.6m), subletting office space (£0.7m), Science Policy & Research grants (£0.4m) and IP and copyright income (£0.16m). The remaining income (£0.3m) is for smaller and ad-hoc services spread across multiple programmes.
17. The year to date variance of £0.15m is mainly due to lower than anticipated income in the Science, Advice and Research Directorate. This is due to lower than expected income in the Scientific Advice (£0.38m) and Science Policy and Research (£0.15m) teams. However, this is partially offset by expenditure also being lower (£0.26m) than anticipated in these teams, resulting in a year to date net deficit of £0.27m.
18. As at 31 December 2018 Scientific Advice generated a deficit of £0.27m after staff costs and other expenditure including a contribution to overheads. The full year projection is for Scientific Advice to be in deficit by £0.4m. The deficit is attributable to some one-off unplanned costs associated with long term sickness absence and the departure of the director. The disruption associated with these events has also resulted in lower than planned activity. The new director is now in-post and it is anticipated that activity growth will pick up again.

19. The above is offset by income being £45k higher in Facilities London due to increased office lease income as a result of HFEA using additional space. Also, higher than anticipated copyright income in the IP and Content Business Management team in Evidence Resources, they have received income totalling £165k against a year-to-date target of £56k.

Forecast outturn

20. The current forecast is for the overall year-end outturn to be an under spend of £1.9m, consisting of £1.3m underlying underspends across all teams as described above continuing for the rest of the year (mainly due to vacancies) and £0.6m uncommitted reserves. This forecast is inclusive of assumptions made about successful recruitment to vacant positions and income generating teams achieving their planned targets.

21. The forecast under spend of £1.8m is an increase of £0.9m to the figure provided in the November finance and workforce report. This increase is mainly due to:

- An increase to the forecast under spend in the Centre for Health Technology Evaluation of £0.8m due to continued savings associated with vacancies in the directorate and lower than anticipated expenditure relating to the new external assessment centre contracts that began on 1 October 2018.
- On 21 August 2018 SMT approved £0.4m of non-recurrent expenditure across NICE to establish the NICE Connect programme. Based on committed activity as at 31 December 2018 the full year forecast is for expenditure relating to NICE Connect to be £0.2m.
- Lower than anticipated expenditure (£0.2m) associated with the creation of the Health Care and Data Analytics team in the Health and Social Care Directorate.
- All of the above have been offset by a reduction of £0.1m to the forecast Business Planning and Resources under spend due to expected Manchester facilities maintenance and office improvement expenditure and the forecast Scientific Advice deficit increasing from £0.3m to £0.4m.
- The forecast outturn for funding from NHS England has also reduced by £0.1m. A number of new posts within CHTE relate to increasing the capacity of the appraisal programme and establishing the Commercial Liaison Unit. These posts are being funded by NHS England this year. Several of these posts remain vacant and we will return any unspent

funds to NHS England, currently expected to be £0.25m. This has been partially offset by an additional £0.15m non-recurrent income from NHS England we expect to receive in quarter 4 for a project that developed advice and agreed standards for producing evidence of effectiveness and economic impact of digital health tools.

22. As at 31 December 2018 uncommitted reserves are £0.7m however £0.3m of this total has been set aside as a contingency for unforeseen expenditure and liabilities arising in 2018/2019. The uncommitted reserves balance is mainly due to budget 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.

Capital

23. 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) is expected to be capitalised in 2018/19.

Workforce

24. At the November meeting, the Board approved the new NICE workforce strategy, subject to further work on our diversity and inclusion strategy. The team is now developing project plans to deliver the various work strands.

Resourcing

25. The new strategies are resulting in an increase in the number of recent successful campaigns, however we recognise we need to do more.

26. The work with the Communications team has produced some strong content that can be found on our [NICE Digital Jobs](#) page, which is our dedicated recruitment page for our roles in digital services, and we are looking forward to creating similar content for our next priority recruitment area of technical analysts. Eventually this approach will be rolled out for all vacancies.

27. We have recently run a campaign for six specialist digital roles. We are on target to fill all those roles, and the quality of the candidates was especially good.

28. We are now at the offer stage of an information governance vacancy, which proved challenging in what is a competitive market following GDPR.

Culture

29. We are continuing to use mini masterclasses to support managers with implementing policies. Most recently we have been delivering work-life balance masterclasses, focussing on our flexible working, family friendly and leave policies. These have been attended by 135 staff members. The next mini masterclasses will focus on the revised Whistleblowing policy and how to respond to an employee raising a concern.

30. 15 new mental health first aiders have been trained in December. Approximately 4% of our workforce are now mental health first aiders and are based in both London and Manchester. Four more cohorts of mental health first aid training are planned for 2019.

Maximising potential

31. As we approach year-end, the HR team are working with directorate training panels and training leads to ensure that any training requirements identified during performance appraisals are captured as we approach the final quarter of the financial year.

32. We have a significant underspend on our apprenticeship levy. We are currently exploring ways in which to use this money to support our leadership and management development.
33. We are in the process of winding down our current learning management system, and moving training records and e-learning over to the ESR system. As well as resulting in a significant cost-saving of around £15,000 per year, using ESR will reduce the administration burden on the HR team and will enable real-time self-service reporting for our line managers to ensure their teams are compliant with their mandatory training. This will be doubly useful when we transition over to the new Agenda for Change pay agreement which requires staff to have completed their mandatory training before their increment is awarded.

Appendix 1 Summary of Financial Position

The table below is a summary of the financial position per centre and directorate as at 31 December 2018.

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	4,758	4,536	(223)	(5%)	6,377	6,083	(294)	(5%)
	Non pay	9,349	9,510	161	2%	12,181	12,342	161	1%
	Income	(468)	(593)	(125)	(27%)	(624)	(749)	(125)	(20%)
	Total	13,639	13,452	(187)	(1%)	17,935	17,676	(259)	(1%)
Centre for Health Technology Evaluation	Pay	6,266	5,864	(402)	(6%)	8,572	7,951	(621)	(7%)
	Non pay	2,498	2,343	(155)	(6%)	3,257	2,917	(340)	(10%)
	Income	0	(7)	(7)	--	0	(7)	(7)	--
	Total	8,764	8,200	(565)	(6%)	11,829	10,861	(968)	(8%)
Health and Social Care	Pay	5,634	5,606	(29)	0	7,597	7,621	24	0%
	Non pay	1,787	1,825	38	2%	2,629	2,415	(214)	(8%)
	Income	0	(39)	(39)	--	0	(58)	(58)	--
	Total	7,421	7,392	(29)	0%	10,226	9,978	(247)	-2%
Evidence Resources	Pay	3,843	3,558	(285)	(7%)	5,188	4,744	(444)	(9%)
	Non pay	4,529	4,529	(1)	(0%)	6,041	6,338	297	5%
	Income	(101)	(229)	(128)	(126%)	(135)	(257)	(122)	(90%)
	Total	8,271	7,857	(414)	(5%)	11,094	10,825	(269)	(2%)
Science Advice and Research	Pay	2,120	1,996	(124)	(6%)	2,831	2,650	(181)	(6%)
	Non pay	430	290	(140)	(33%)	572	367	(205)	(36%)
	Income	(2,417)	(1,887)	530	22%	(3,183)	(2,392)	792	25%
	Total	134	399	266	n/a	220	626	405	n/a
Subtotal Guidance and Advice		38,229	37,300	(929)	(2%)	51,303	49,966	(1,337)	(3%)

Centre / Directorate		Year to Date				Estimated Outturn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %	Budget £000s	Expenditure £000s	Variance £000s	Variance %
Communications	Pay	2,688	2,692	4	0%	3,605	3,588	(17)	0%
	Non pay	281	276	(6)	2%	369	385	16	4%
	Income	0	(1)	(1)	--	0	(1)	(1)	--
	Total	2,969	2,966	(3)	(0%)	3,973	3,971	(2)	(0%)
Business Planning and Resources	Pay	2,207	2,164	(42)	(2%)	2,944	2,916	(29)	(1%)
	Non pay	4,752	4,703	(49)	(1%)	6,348	6,396	47	1%
	Income	(659)	(705)	(45)	(7%)	(879)	(924)	(45)	(5%)
	Total	6,299	6,163	(137)	(2%)	8,414	8,387	(27)	(0%)
Subtotal Corporate		9,269	9,129	(140)	(2%)	12,387	12,358	(29)	(0%)
Depreciation	Non pay	637	554	(83)	(13%)	850	764	(86)	(10%)
	Total	637	554	(83)	(13%)	850	764	(86)	(10%)
Other Income	Income	(9,545)	(9,576)	(31)	0%	(12,619)	(12,513)	105	1%
	Total	(9,545)	(9,576)	(31)	0%	(12,619)	(12,513)	105	(1%)
Reserves	Pay	0	45	45	--	660	295	(365)	(55%)
	Non pay	0	0	0	--	61	0	(61)	(100%)
	Total	0	45	45	--	721	295	(426)	(59%)
NICE Grand Total	Pay	27,517	26,461	(1,056)	(4%)	37,774	35,848	(1,926)	(5%)
	Non pay	24,264	24,028	(236)	(1%)	32,309	31,923	(385)	(1%)
	Income	(13,190)	(13,037)	153	1%	(17,440)	(16,902)	538	3%
	Total	38,590	37,451	(1,138)	(3%)	52,643	50,870	(1,773)	(3%)

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January 2019

National Institute for Health and Care Excellence

NICE impact: sexual health

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

It also provides information about NICE's communications activity in relation to the previous impact report on antimicrobial resistance.

The Board is asked to review the NICE impact sexual health report and note the communications activity.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

January 2019

Introduction

1. The attached report is the seventh of a series of NICE impact reports and its focus is sexual health. The report reviews the uptake of NICE guidance on contraception (including LARCs), sexually transmitted infections and provides a spotlight on HIV.

Implementation

2. The System Support for Implementation team is currently scoping what further work NICE could do with national and local partners in 2019/2020 to address the implementation issues highlighted in the Sexual Health impact report. A paper will be presented to the Health and Social Care Directorate Senior Leadership Team in February to outline any proposed activities.

Promoting NICE impact reports: antimicrobial resistance

3. The last NICE impact report, [Antimicrobial Resistance \(AMR\)](#), was published on the NICE website on 27 November 2018 and was widely promoted.
4. The communications team will 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. What follows is a summary of the various activities and channels used to raise awareness amongst our stakeholders of the Antimicrobial Resistance report and the important issues it addresses:


Social media

6. We promoted the AMR impact report as part of a wider social media campaign our media team rolled out throughout November and December to promote all the guidance and resources NICE has produced on AMR.

Twitter

7. The engagement rate for the first tweet was 5.1% and for the second post, 2.5%. Both are considered to be very high by industry standards. (According to Google: "An engagement rate between 0.09% and 0.33% is considered to be high, where an influencer would expect 9 - 33 reactions for every 1000 followers on Twitter. An engagement rate between 0.33% and 1% is considered to be very high, with expected reactions to be between 33 - 100 for every 1000 Twitter followers.")

Tweet Activity



NICE @NICEcomms
 Want to know how NICE is supporting the fight against antimicrobial resistance? Read the new NICE impact report here:
<https://bit.ly/2s44JEZ>
<pic.twitter.com/8sfKmgzR3Z>

Impressions	8,618
Total engagements	435
Detail expands	396
Link clicks	15
Retweets	8
Likes	6
Profile clicks	6
Media engagements	3
Replies	1

Promote your Tweet
 Your Tweet has 8,618 total impressions so far.
 Get more impressions on this Tweet!

Promote your Tweet

View the post [here](#).

8. In addition to the Twitter activity above, and to coincide with World Antibiotic Awareness Week, our media team published a series of tweets carrying the hashtag #AntibioticAdvice, which featured recommendations from 4 pieces of APG guidance: Acute Cough, COPD, Sore throat and UTI.

View the post [here](#)

Facebook

National Institute for Health and Care Excellence

Published by Ned Gardens (?) · 11 December at 14:00 · 🌐

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Antimicrobial-resistant infections result in at least 700,000 deaths worldwide each year. Read how our guidance can change prescribing practice to help slow the emergence of antimicrobial resistance: <http://bit.ly/2s44JEZ>



1,493
People reached

53
Engagements

Boost Post

Andriana Richards, Kitt Punpieng and 6 others
1 Comment 5 shares

View the post [here](#) .

NICE National Institute for Health and Care Excellence
Published by Ned Gardens [?] · 7 December at 14:00 · 🌐

Antimicrobial-resistant infections result in at least 700,000 deaths worldwide each year. Read how our guidance can change prescribing practice to help slow the emergence of antimicrobial resistance: bit.ly/2s44JEZ



NICE.ORG.UK
Measuring the use of NICE guidance
This report focuses on how NICE's evidence-based guidance can change...

956 People reached 13 Engagements [Boost Post](#)

👤 Mohammad Almomani, Darren Ilston and 2 others 1 share

View the post [here](#)

NICE newsletters

9. We highlighted the AMR impact report, as well as [a National Health Executive blog by Gill Leng on the report](#), in the November editions of our [newsletters](#) to stakeholders: NICE News (25,213 subscribers) and Update for Primary Care (12,405 Subscribers). NICE News subscribers demonstrated the most interest in the report. Mailchimp statistics showed that it received 2% of all clicks. This is considered to be a good click-through rate, taking into account the position of the report within NICE News, which is towards the end of the newsletter.



Bringing you the latest news features and guidance from NICE

[NICE impact report on turning the tide on Antimicrobial Resistance \(AMR\)](#)

In her [blog for the National Health Executive \(NHE\)](#) Gillian Leng, Deputy Chief Executive and Director Health and Social Care, provides insight into the newly published [NICE impact report on antimicrobial resistance](#).

Working with partners and key stakeholder organisations

10. We worked closely with partners and key stakeholder organisations to encourage them to spread the word about the AMR impact report through their networks and communication channels. Below are some examples of the activities that have been/will be carried out as a result of this work:

- The National Health Executive (NHE), published a blog by Gill Leng: Turning the tide on antimicrobial resistance. This forms part of a series of blogs that NHE is publishing on all of our impact reports.
- NHS Improvement included an announcement about the report in its weekly bulletin to over 3800 subscribers.
- The Royal College of General Practitioners will be including an article about the report in its clinical newsletter to over 50,000 members.
- The communications lead for Academic Health Science Networks will be including an announcement about the report in the January AHSN newsletter.
- The British Association for Sexual Health and HIV included an announcement about the report in its December newsletter.
- The British Infection Association added the report to its website and will be including an announcement about it in its next member digest.
- The Faculty of Intensive Care Medicine has linked to the report in its December newsletter to members.
- The Infection Prevention Society has included an announcement about the report in its weekly digest to members.

Media team activities

11. Our media team delivered a multi-channel strategy for antibiotic awareness to promote NICE's work on the topic throughout the months of November and December. Activities included Facebook Live, podcast, video, infographics and news stories.

Events

12. 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.

NICE impact *sexual health*



NICE impact sexual health

This report highlights progress made by the health and care system in implementing NICE guidance. We recognise that change can be challenging to implement and may require pathway reconfiguration. It may also require additional resources, for example buying new equipment or providing training.

We work with partners including NHS England, Public Health England and NHS Improvement to support these changes, and we also look for opportunities to make savings by reducing ineffective practice.

Most adults are sexually active and good sexual health is important to individuals and communities. Poor sexual health can lead to unintended pregnancies and sexually transmitted infections.

This report considers how NICE's evidence-based guidance contributes to improvements in sexual health.



Contraception p4

Teenage pregnancy and abortion rates have fallen in the past decade. This section highlights NICE guidance on contraception and how it can help to prevent unwanted pregnancies.



Sexually transmitted infections p9

Sexually transmitted infection rates have stabilised over recent years though recent trends show that some infections are increasing. This section reviews how NICE recommended partner notification helps to stop the spread of sexually transmitted infections.



Spotlight on HIV p11

HIV is a virus that attacks the immune system and there is no cure. This section reviews the decline in new diagnoses of HIV and how the increase in testing for HIV has contributed. It also highlights the challenge posed by late diagnosis.



Commentary p14

Dr Asha Kasliwal, President of the Faculty of Sexual and Reproductive Healthcare, reviews recent achievements and considers NICE's role in improving sexual health.

Why focus on sexual health?

Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality. Most people become sexually active between the ages of **16 and 24**.

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.

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 in the system, such as NHS England, NHS Improvement, Public Health England (PHE) and local authorities.

In 2013, the Department of Health and Social Care produced a [Framework for Sexual Health Improvement in England](#).

Many of the recommendations in this national framework are underpinned by NICE guidance and so, in this report, we have focused on what we know about the uptake and impact of our recommendations in this area.

Since 2005, when NICE published its guideline on [long-acting reversible contraception](#), we have produced a [suite](#) of guidelines and quality standards to support good sexual health. Our guidance covers specific conditions, such as HIV, and general principles of good sexual health, such as the provision of contraception.

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 how NICE guidance might be making a difference in priority areas of sexual health. They also highlight areas where there is still room for improvement.

7

guidelines

5

quality standards

2

interventional procedure
guidance

Contraception

Helping people to choose the method of contraception that suits them best, and increasing their awareness of how to use contraceptives effectively, will help to reduce unplanned pregnancies.

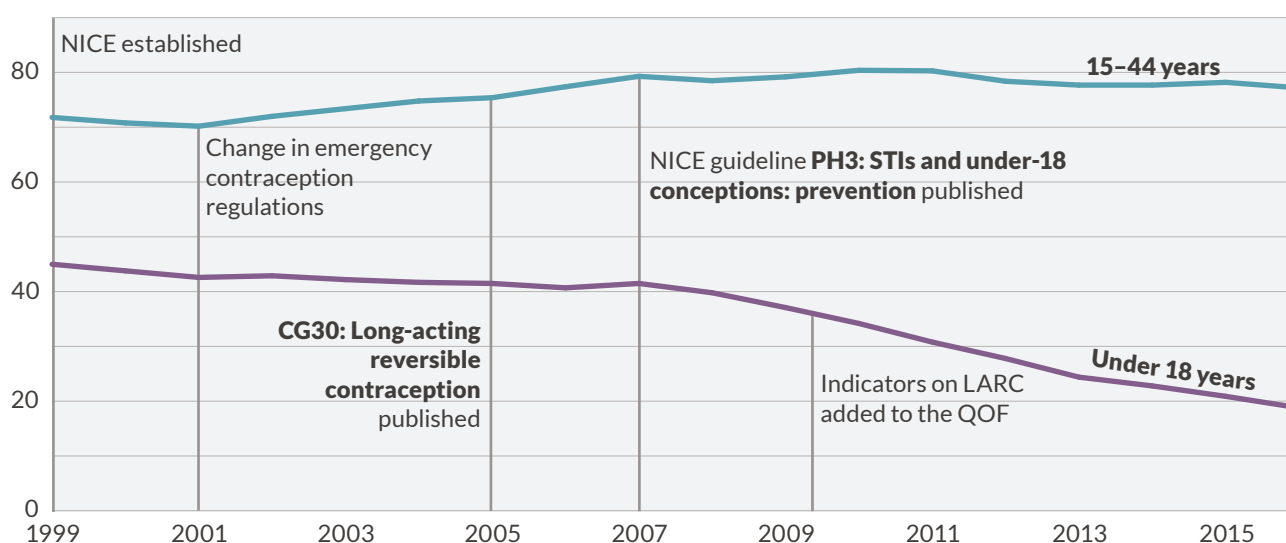
NICE's [quality standard](#) on contraception aims to ensure that people are given advice and information on all types of contraception. NICE's guideline on [contraceptive services for under 25s](#) includes recommendations for additional tailored support to meet the particular needs and choices of those who are socially disadvantaged or who may find it difficult to use these services. The NICE guideline on [preventing sexually transmitted infections and under 18 conceptions](#) covers one-to-one interventions aimed at reducing the rate of pregnancies in women aged under 18.



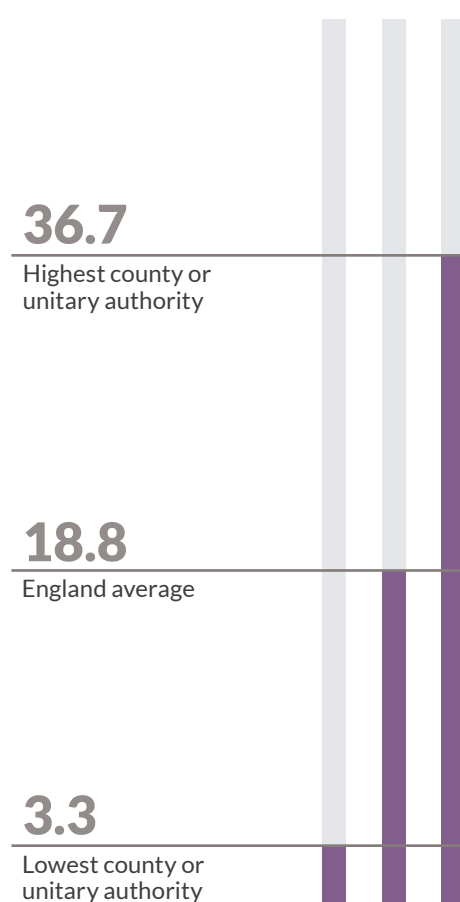
Conceptions in women under 18 fell by 60% between 1998 and 2016

In the UK, the Office for National Statistics (ONS) collects data on the [percentage of women under 16 and 18 who become pregnant](#). In England and Wales conceptions in women aged 18 and under have been reducing over time. While this reduction cannot be attributed to any one factor, a [study](#) in America found that 86% of the decline in the teenage pregnancy rate was due to improved contraceptive use.

Conception rate per 1,000 women in England and Wales



Rates of conception in women under 18 per 1,000 women aged 15 to 17 in England, 2016



Long-acting reversible contraception (LARC) is a contraceptive method that requires administration less than once per cycle or month.

Examples of LARC are:

- copper intrauterine devices
- progestogen-only intrauterine systems
- progestogen-only injectable contraceptives
- progestogen-only subdermal implants

Data up to March 2017 show that conception rates have continued to fall. However, PHE's [teenage pregnancy prevention framework](#) highlights that 60% of local authorities have at least 1 ward where the rate of teenage pregnancy is significantly higher than the England average. Data from the ONS show that rates of under 18 pregnancy vary widely between local authorities.

Within the teenage pregnancy prevention framework, PHE provide a list of individual risk factors that are associated with women being more likely to experience pregnancy before the age of 18. These include women who have slower than expected academic progress or poor school attendance, who are looked after or leaving care, or who have experience of a previous pregnancy. Young women who have experienced multiple factors are at significantly greater risk.

NICE's guideline on contraceptive services for under 25s, referenced in the framework, recommends that additional, targeted support should be offered to socially disadvantaged young people. This could include offering one-to-one sessions, providing outreach services or providing relevant information in small manageable amounts, with more pictures and diagrams than text.

The ONS also collects [abortion statistics in England and Wales](#). There were around 193,000 abortions in 2017. The abortion rate has remained relatively stable, changing from 16 per 1,000 women in 2016 to 16.7 per 1,000 women in 2017. In general the rate has slightly declined since 2008 when the abortion rate was 17.5 per 1,000 women.

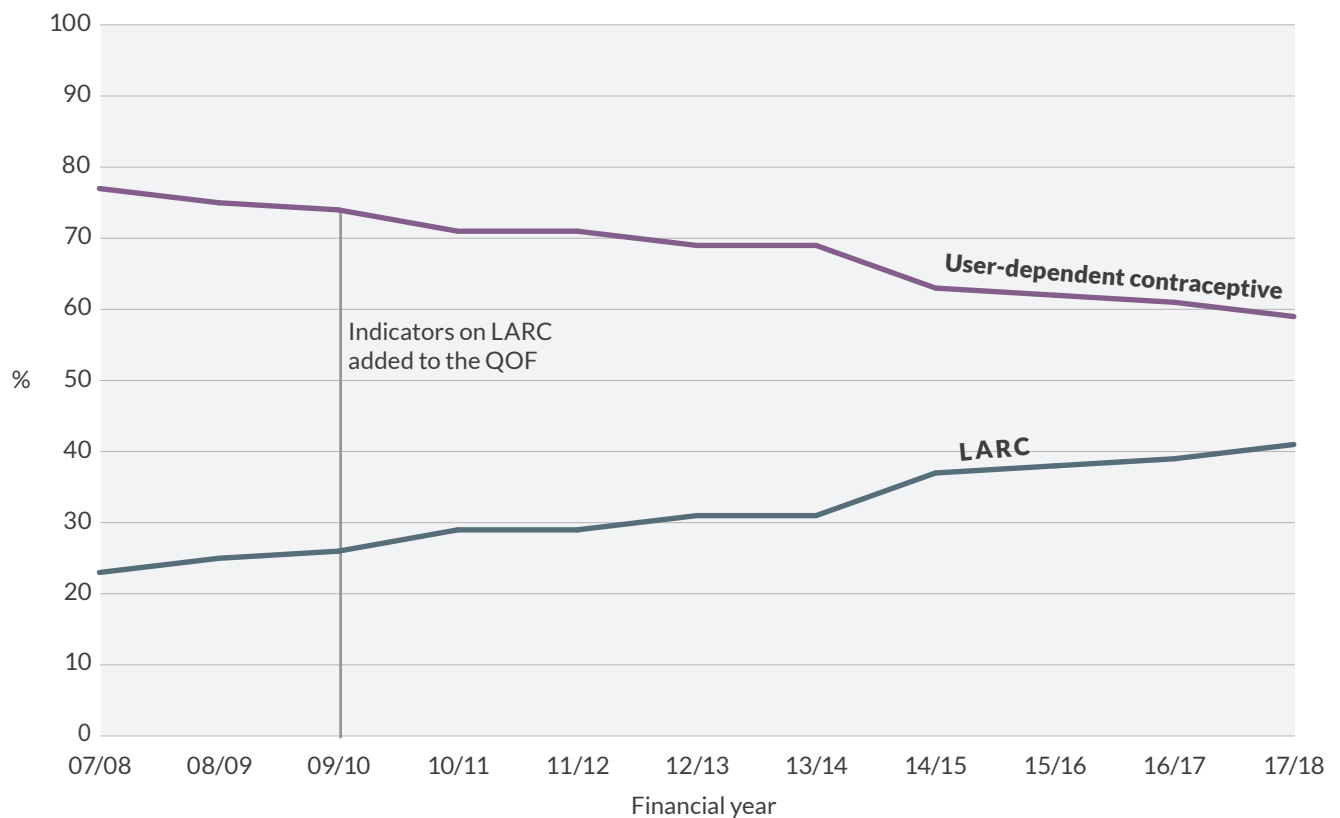
Long-acting reversible contraception

In 2005 NICE published its guideline on the use of [long-acting reversible contraception \(LARC\)](#) with an aim to increase the use of LARCs because their effectiveness does not depend on the person remembering to take or use them. In addition NICE's guideline and quality standard on contraception recommend that women asking for contraception are given information about, and offered a choice of, all methods of contraception including LARC.

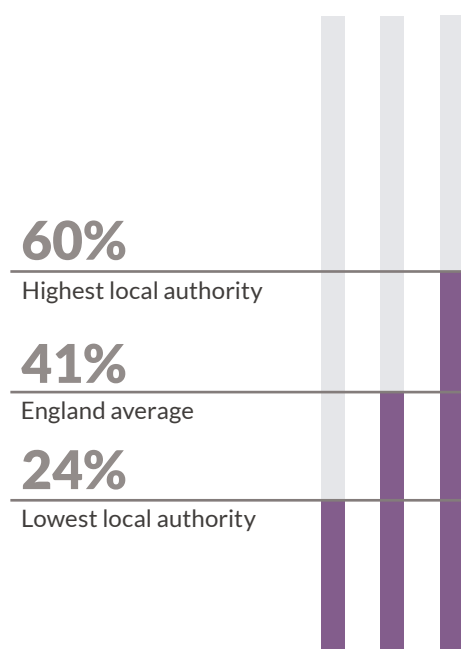
NHS Digital measures [contraception use in women attending Sexual and Reproductive Health \(SRH\) services](#). Since the publication of NICE's guideline on LARC in 2005 the use of user dependent contraceptive, such as the oral contraceptive,

Women using SRH services for contraception, by main method of contraception in England

has gradually decreased over time from 77% in 2007/8 to 59% in 2017/18. During the same time period use of LARCs have increased from 23% to 41%.



LARC uptake by local authority in England, 2017/18



Data on contraceptives from SRH services may not be representative of total contraceptive use. This is because contraceptives can be obtained from different sources and not all women will attend an SRH service. Contraceptives can be obtained through GPs, specialist clinics and from pharmacies (through prescription or [patient group direction](#) if available), while non-prescription items like condoms can be bought over the counter.

Primary care data was made available after the publication of the [LARC](#) guideline, when an indicator was added to the Quality and Outcome Framework (QOF). A [study](#) led by researchers at Imperial College London evaluated the impact of the QOF on the prescribing of LARCs. It estimated that an additional 110,000 women were being prescribed a LARC as a result of the QOF implementation. However, there remains wide regional variation in the use of LARCs.

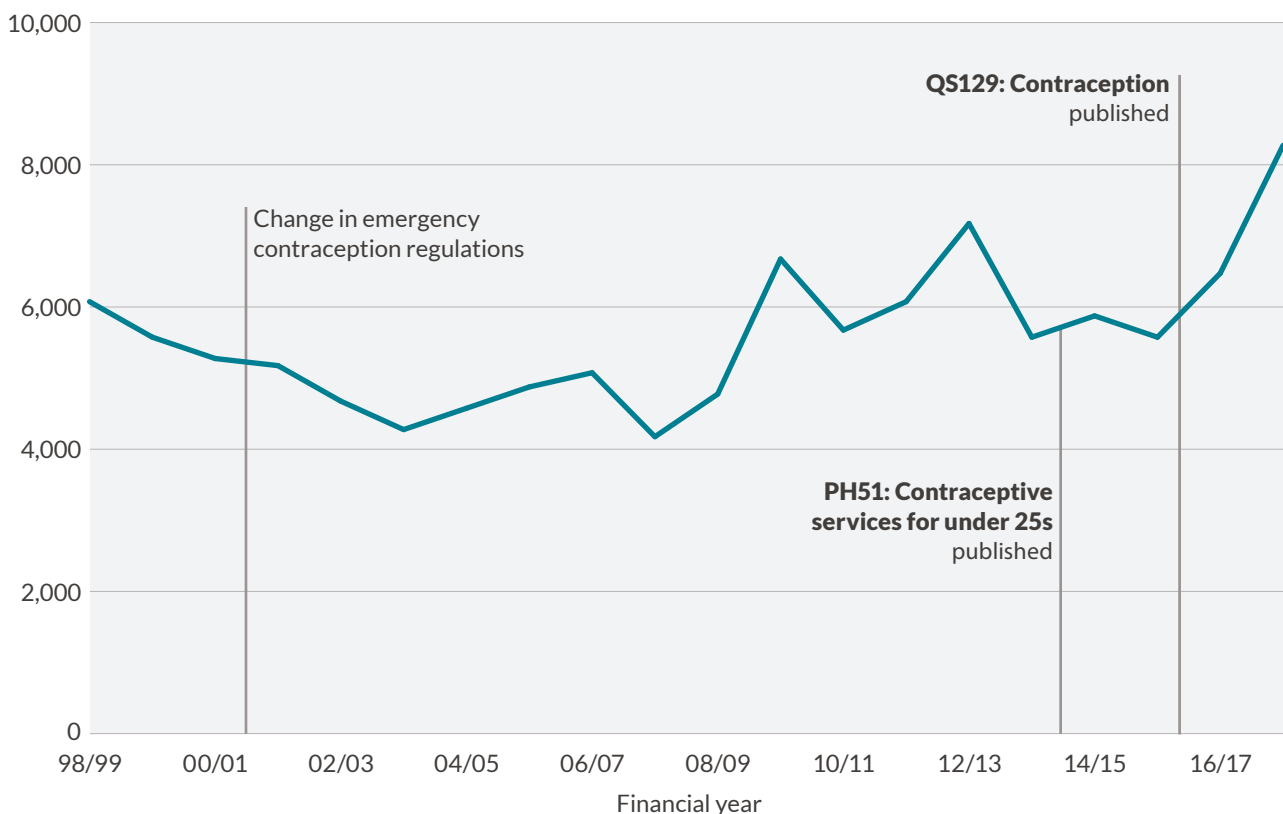
Emergency contraception

Emergency contraception is available if sex occurs without using contraception, or if contraception might have failed. There are different types of emergency contraception including the intrauterine (IU) device and emergency hormonal oral tablets (levonorgestrel or ulipristal acetate).

NICE's [guideline](#) and [quality standard](#) on contraception recommend that women who ask for emergency contraception should be told that an IU device is more effective than an oral pill. While measuring contraception use in women attending a SRH service, NHS Digital looked at the type of emergency contraception provided.

It found that while there has been a decrease in the overall use of emergency contraceptives in SRH services, the use of IU devices has increased, accounting for 2.8% of all emergency contraceptives in 1998/99 to 9.7% in 2017/18. However with less than 1 in 10 women using an IU device as an emergency contraceptive more work is required to promote their benefit.

IU devices provided by SRH services in England



Since 2001 emergency contraception has been reclassified from a prescription only medicine to a pharmacy only medicine. This means that, subject to meeting assessment criteria after discussion with the pharmacist, it can be purchased over the counter at a pharmacy without a prescription. Some localities may also have other supply mechanisms in place such as [Patient Group Directions](#). Such supply routes would not be measured within the SRH data. Emergency contraception can also still be obtained from a prescriber, such as a GP or nurse prescriber.

Contraception after childbirth

NICE's [guideline](#) and [quality standard](#) on contraception highlight that women should be offered a choice of all contraceptive methods by their midwife within 7 days of delivery.



In 2013, 2015 and 2017 around 90% of women said they had been given information or offered advice about contraception after childbirth

This is because supporting women to make an informed choice about contraception after childbirth will help to reduce the risk of future unplanned pregnancies. Advice and information should be given as soon as possible after delivery because fertility may return quickly. Providing advice about contraception after childbirth also helps avoid the risk of complications associated with an inter-pregnancy interval of less than 12 months.

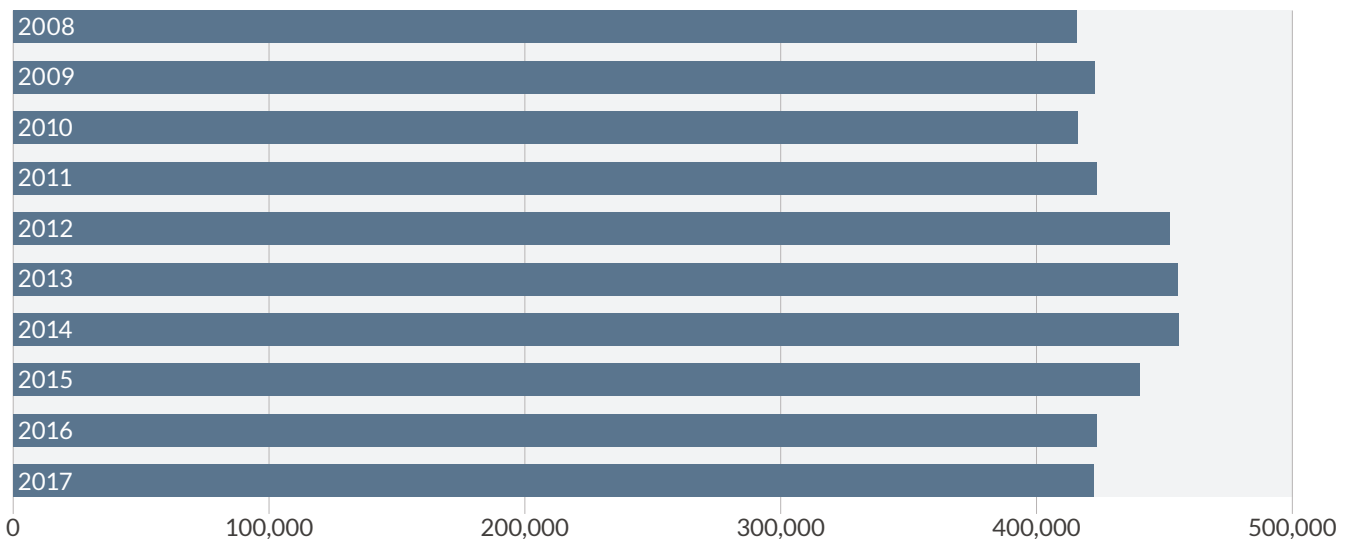
The Care Quality Commission (CQC) [maternity services survey](#) asked women whether they were given information or offered advice from a healthcare professional about contraception. In 2013, 2015 and 2017 one in 10 women said that they had not been given information or offered advice about contraception after childbirth indicating more work needs to be done.

Sexually transmitted infections

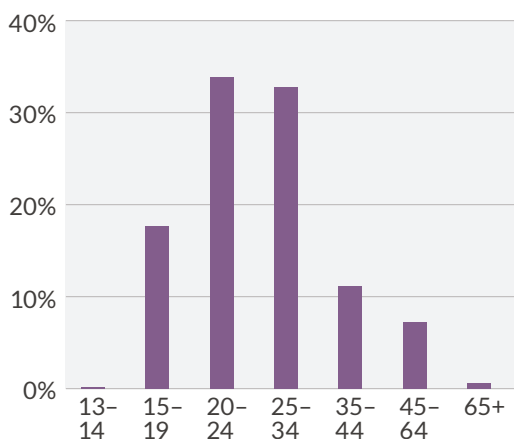
The number of newly diagnosed sexually transmitted infections (STIs) has stabilised over the last 2 years, but trends such as an increase in antimicrobial resistant infections are concerning. Most diagnoses of STIs are in younger people.

In 2017 there were approximately **420,000** new diagnoses of sexually transmitted infections (STIs) in England, around the same number reported in 2016.

Number of new STI diagnoses in England



Proportion of new STI diagnoses in England by age, 2017



Of these, the most commonly diagnosed STIs were: chlamydia (203,116; 48%), first episode genital warts (59,119; 14%), gonorrhoea (44,676; 11%).

Recent trends show there were:

- 7,137 diagnoses of syphilis reported in 2017, a 20% increase relative to 2016 and around 150% increase relative to 2008;
- 44,676 diagnoses of gonorrhoea reported in 2017, a 22% increase relative to 2016 and around a 200% increase relative to 2008;
- emergence of antimicrobial resistant *Neisseria gonorrhoeae*.

The greatest impact of STIs are in younger people, with 50% of all new STI diagnoses in people under 25.

Partner notification

NICE's guideline on [the prevention of sexually transmitted infections \(STI\) and under-18 conceptions](#) recommends that people diagnosed with an STI should be provided with support to get their sexual partners tested and treated. This is known as partner notification and is also highlighted in the draft NICE quality standard on sexual health.

Partner notification is essential in assisting in the control of sexually transmitted infections as it can break the 'chain' of transmission and reduce reinfections. It can also ensure that partners are tested, and if necessary treated, as soon as possible to prevent health complications.

As part of PHE's [National Chlamydia Screening Programme \(NCSP\)](#), partner notification forms a key element in the identification, management and control of chlamydia and forms part of the NCSP Chlamydia Care Pathway.



94% of people diagnosed with chlamydia had a documented offer of partner notification

The [NCSP audit report](#) focuses on the 'notify partners' component of the chlamydia care pathway. In 2017, the audit found that 94% of people diagnosed with chlamydia had a documented offer of partner notification, a minor increase from 92% in 2015.

The challenge highlighted by the audit was contacting partners. It found that only 67% of partner contacts were 'contactable'. While only 31% of all contacts attended a sexual health service within 4 weeks, 46% of contacts who were 'contactable' attended. It highlights that more work is required to contact partners of people diagnosed with an STI.

Spotlight on HIV

HIV (human immunodeficiency virus) attacks the immune system, and weakens the person's ability to fight infections and disease. While there is no cure for HIV, there are treatments to enable most people with the virus to live a long and healthy life, if they receive prompt diagnosis.

In 2015 an estimated **101,200** people were living with HIV in the UK. HIV diagnoses have continued to decline over the past decade with a substantial decrease over the past 2 years.

In 2017 there were **4,363** new diagnoses of HIV, which was a 28% reduction from the 6,043 new diagnoses in 2015. It is thought that this reduction in diagnosis is generally due to the large increase in HIV testing combined with rapid access to anti-retroviral therapy, which decreases the transmissible levels of the virus, as set out in [trends in new HIV diagnoses](#) published by PHE.



There was a 28% reduction in new diagnoses of HIV between 2015 and 2017

NICE produced a [guideline](#) and [quality standard](#) on encouraging uptake of HIV testing in 2011 and 2017 respectively.

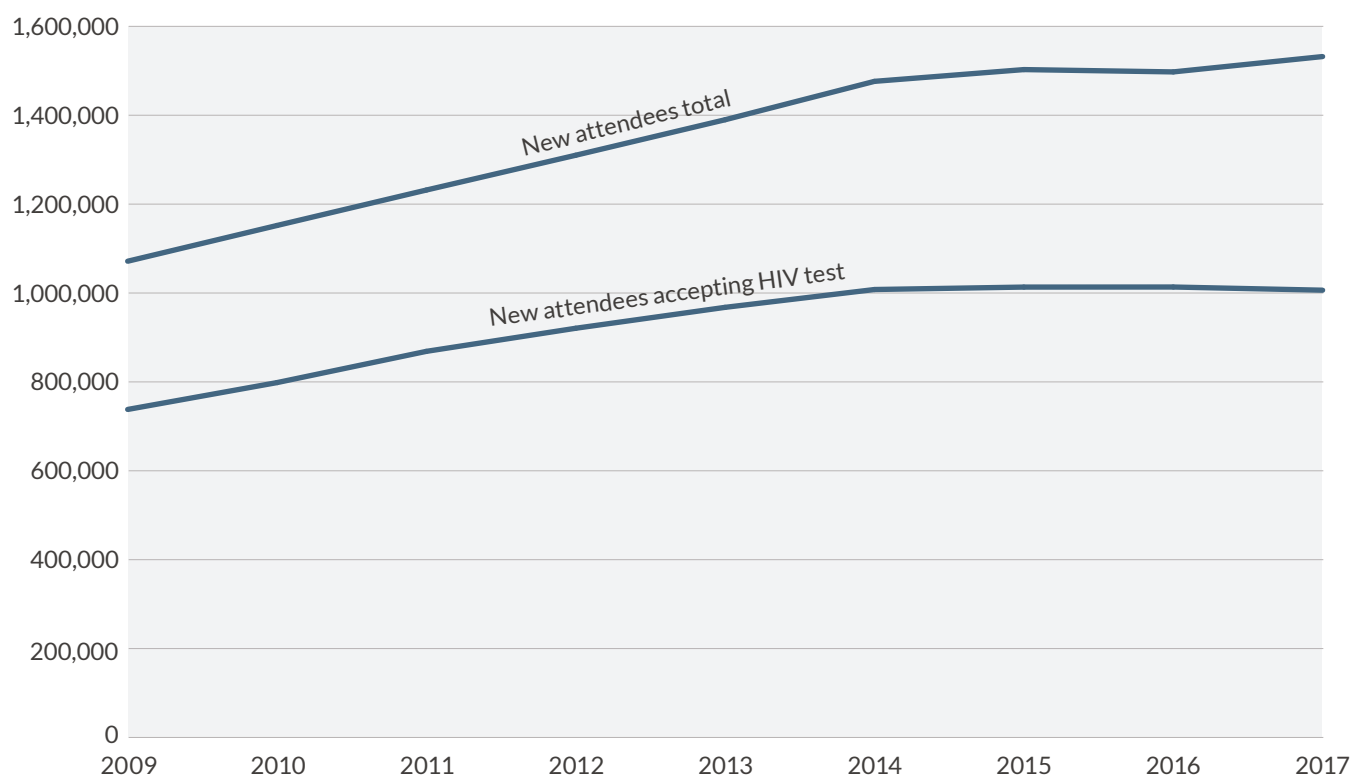
It is too early to know the additional effect on HIV transmission of pre-exposure prophylaxis (PrEP). NICE's [evidence summary on PrEP](#) found that while PrEP is effective in reducing HIV acquisition in high-risk people, there are issues relating to uptake, adherence, sexual behaviour, drug resistance, safety, prioritisation for prophylaxis and cost-effectiveness.

NHS England has launched the [PrEP Impact Trial](#), which aims to answer key questions about the use of PrEP by groups at a higher need in England. The trial was announced by NHS England and Public Health England in a joint statement on 4 December 2016. The trial is planned to last three years and enrol 10,000 participants at high risk of acquiring HIV.

Increasing uptake of HIV testing

NICE recommends that everyone who attends a specialist sexual health service for any testing or treatment should be offered an HIV test. The 2017 PHE report on [HIV testing in England](#) highlights that, of people attending a sexual health service, 84% were offered an HIV test, while only 63% were tested. This testing identified 2,323 HIV diagnoses.

Number of new attendees at an SRH service in whom an HIV test was accepted, in England



NICE recommends that people who may have been exposed to HIV by a person newly diagnosed with HIV are offered a test. This will ensure that they are diagnosed as quickly as possible and reduces the risk of onward transmission. The PHE report found that 86% of people notified were offered an HIV test, and 84% were tested for HIV. The number of people tested as a result of HIV partner notification has increased by 43% between 2012 and 2016.

NICE guidance on HIV testing and [tuberculosis \(TB\)](#) recommend that people attending services for treatment of TB are offered an HIV test, as HIV infection is a known risk factor for progression from latent TB infection to TB disease. Data from PHE's [TB Strategy Monitoring Indicators](#) show that the proportion of people diagnosed with TB who were offered an HIV test increased from 93% in 2012 to 97% in 2016. However this fell to 96% in 2017.

Late diagnosis

The NICE [quality standard](#) on HIV testing suggests late diagnosis as an outcome measure that should be monitored to assess the impact of the quality standard.

A late diagnosis for HIV means that a person has tested positive for HIV after the virus has already begun to damage their immune system. People whose infection is diagnosed late have a 10-fold increased risk of dying within the first year of diagnosis. There is also an increased risk of onward transmission as people diagnosed late would have been unaware of their HIV infection for approximately 3 to 5 years. Late diagnosis is also associated with a higher cost to the NHS, largely due to a higher rate of hospital admissions and increased costs of treatment.

Public Health England reviewed late diagnosis when reviewing [trends in new HIV diagnoses](#).

Late diagnosis is defined as HIV diagnosed at a late stage of infection when the CD4 count was below 350 cells/mm³ at diagnosis.

In 2017 the overall late diagnosis rate was 43% for people aged 15 years and above in the UK. This has remained at over 40% for the past 5 years. In 2017 there were 230 people with an AIDS-defining illness reported at HIV diagnosis, which indicates that the HIV virus has already severely damaged the person's immune system, and reduces treatment options. Given the continued high proportion of people diagnosed late with HIV, more needs to be done to increase testing and to ensure people are diagnosed early.

Commentary

Dr Asha Kasliwal, December 2018

Dr Asha Kasliwal is President of the Faculty of Sexual and Reproductive Healthcare (FSRH)



Sexual health is an integral part of overall health, well-being and quality of life. Sexual and reproductive health (SRH) care does not just cover the provision of contraception and the prevention and treatment of sexually transmitted infections (STIs). It supports sexual well-being, irrespective of an individual's background or sexual orientation, and includes the planning of families and abortion care. It begins with education and ends with encouraging post-reproductive health, across a person's life course.

This is reflected in the suite of guidance published by NICE covering several aspects of the breadth of good sexual health care. The 2005 NICE guideline on [long-acting reversible contraception \(LARC\)](#) had a positive impact in increasing the uptake of LARCs, the most effective methods of contraception to prevent unplanned pregnancies. Likewise, the guideline on STIs and under-18 conceptions has played a role in mainstreaming the importance of prevention to tackle the historically high rates of teenage pregnancies in the UK.



NICE guidance can help to achieve improvements in the population's sexual health and address sexual health inequalities.

Quality guidance at national level, along with consistent commitment and a holistic approach as seen through the teenage pregnancy strategy, can truly achieve encouraging results in SRH. Stabilising of STI rates and a reduction in new HIV diagnosis are welcome trends. I look forward to the upcoming NICE quality standard on sexual health and the NICE guideline on termination of pregnancy.

As the data in this report highlights, there is much more we can do to enhance access, quality of care and improve health inequalities. Despite the continuous downwards trend, regional inequalities in teenage pregnancy rates persist. Emergency contraception follows a similar pattern, and young women's access varies according to the level of deprivation in their area of residence. Many challenges remain: access and uptake of emergency IUD fitting, late diagnosis of HIV, rising syphilis and gonorrhoea rates and the emergence of antimicrobial resistant *Neisseria gonorrhoeae*. Another area for improvement is post-pregnancy contraception.

Implementing NICE recommendations will require leadership and a joined-up, multidisciplinary approach across professional boundaries.

I believe we can turn these challenges into opportunities to change ways of working and introduce innovative solutions to provide the best care for the people we serve, improve the population's health and address health inequalities. NICE guidance can help commissioners, service managers and healthcare professionals achieve that.

We would like to thank xxxxxx xxxxxxxx xxxxxxxxxxxx xxxxxxxx for their contributions to this report.

Published xxxxxxxxxxxx 2019

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National Institute for Health and Care Excellence

The use of data analytics at NICE: progress report

This report gives details of progress to date on how NICE is enhancing its capability to identify and use data and analytics in its work.

The Board is asked to note the:

- Work undertaken to explore the use of data and analytics and the planned objectives in this area for 2019/20.
- Progress of discussions with the Health Foundation, The Alan Turing Institute and HDR-UK (Health Data Research), in relation to developing partnership working arrangements.
- Progress of the two live Manchester data lab projects and other Science Policy and Research (SP&R)-led research activities.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

January 2019

Introduction

1. NICE helps the health and social care system to deliver the best outcomes within the resources available. We do this through a diverse range of programmes which share the same core process, including identification, assessment and interpretation of evidence, presented as guidance recommendations, advice or information.
2. The recommendations we make and the information we provide all need to be kept up to date, requiring a periodic repeat of the guidance development process, or a variation of it.
3. Increases in the amount and breadth of data available, the development of new and efficient mechanisms for analysis, and advances in the way information is labelled, linked and shared, have the potential to significantly disrupt our traditional approaches to synthesising research evidence. At the same time they offer opportunities to improve timeliness, relevance and efficiency.
4. For the last year NICE has been investigating these opportunities and establishing capacity to drive these forward in future. This paper updates the Board on the progress that has been made, and on our future plans.

Progress to date and next steps

Data and analytics capacity within NICE

5. Following Board discussions in March and May 2018, recurrent funding was ring-fenced to support the establishment of a new Data and analytics (DA) team. Recruitment commenced in June and an Associate Director and Technical Adviser started in post in November 2018, based in the Health and Social Care Directorate within the Transformation Programme.
6. A cross-NICE steering group comprising senior representatives from all relevant internal programmes has been in place since early 2018. It is responsible for high level oversight of NICE's activities associated with data and analytics, and provides strategic support to the new team.
7. The DA team will serve as the nucleus for NICE's data and analytics activities, and on a routine basis will provide strategic coordination around NICE's data analysis activities: ensuring opportunities for use of data and analysis are considered routinely across programmes; providing practical support to teams, for example through mapping sources, data ownership and access arrangements; and identifying required skills and capacity and devising strategies for addressing these.

8. The DA team has initiated discussions with programmes across NICE to map how teams are currently using data and analytics to support their work, and potential future avenues to explore.
9. Capacity within the NICE Science, Policy and Research team is also invested in activities that support methods development and our data and analytics agenda. This includes supporting the Manchester collaboration (Data Lab) and contributing to a range of external research projects. These include establishing the Electronic Health Data in a European Network [EHDEN]; the Big Data for Better Outcomes projects; and the 'GetReal' Initiative.

Future workplans

10. Over the next financial year the team will have a strategic focus to:
 - Develop a framework for the appropriate use of data analytics across NICE's programmes. The framework will be presented to the Board for review prior to public consultation. It will build on interim advice to guideline developers on the use of primary data analytics, developed as part of the 2018 manual update. The team will also work closely with colleagues in CHTE, who have identified data and analytics as a key area for development as part of the planned methods update.
 - Develop an external strategic engagement plan to support use of data analytics by NICE, and consider NICE's place in the wider system. This will build on the external reference group and emerging relationships with key external organisations (see below).
 - Consolidate the above developments, and develop a long term data and analytics strategy for NICE that secures our ambition of a future driven by advanced data analytics. It is anticipated that the strategy will be based on six key areas: data; tools; skills; transformation (including changes to NICE processes and methods); collaboration and public trust.
11. The DA team will also contribute to the NICE Connect project, supporting the objective of considering how we can embed data analytics into future ways of working and ensure this is part of an innovative 'Learning Health System'. We are currently scoping opportunities ranging from incorporating descriptive statistics to where artificial intelligence [AI] can add value, as part of the diabetes proof of concept work.

External reference group

12. As part of our strategy to engage external experts we have convened a reference group to provide input into the programme. Membership of the group (see appendix 1) includes academic, health research, and industry (both pharma and medtech) representatives, in addition to data holders and colleagues from other arm's length bodies.
13. Discussions at the first meeting (September 2018) included how NICE should define the data that we will need to support our work. This will be the subject of further work internally prior to consultation on the methodological framework. The group also gave a strong steer that use of terms such as 'real world data' were not helpful in NICE's context. Rather than defining (and therefore restricting) the sort of data that NICE might use in future, there was agreement that NICE should undertake analysis on a variety of different types of data to develop evidence to inform our work. The suitability of the data will need to be determined by the nature of the question that the evidence will inform.
14. The external reference group will meet quarterly from January 2019 and will be a key point of reference as we develop our methodological framework and strategy for NICE. We will also invite an external speaker to present at each meeting to support the continuation of our learning with the group.

External relationships

15. Discussions with external organisations with a role and interest in data and analytics have proved very positive during this initial exploratory phase. The following relationships will be formalised in early 2019 and provide a solid foundation on which to build our external strategic engagement strategy.
 - The Health Foundation has recruited a Senior Fellow, who will be in post in early 2019, to lead on work to scope how the charity can collaborate with NICE and others on topics relating to data and analytics. It is anticipated that the Health Foundation Board will consider a plan and funding for a potential collaboration in 2019.
 - Discussions with The Alan Turing Institute, the national institute for data science and artificial intelligence (AI), initially focused on a collaboration around reporting standards for machine learning and AI research (publication in progress), and we are currently discussing the scope of our future collaboration at a strategic level.
 - Health Data Research UK (HDR-UK), a joint investment led by the Medical Research Council, is pursuing a strategic theme of health data science and analytics for improvement, with evidence of impact at scale. Joint discussions with The Alan Turing Institute have identified a number

of initial use-cases for exploration, and will form the basis of a strategic partnership in future.

16. We are also taking forward two projects with partners in Manchester through the Data Lab initiative. The first project focuses on simulations of adherence to statins, with the aim of deriving the optimal point at which to start medication. The results will be compared with data on statin adherence from the Central Research Practice Database to give recommendations on what the treatment threshold should be in practice. The second project involves development of a stratified model for number needed to treat for antibiotics used to treat common infections in general practice. The projects will explore how the data infrastructure available to our partners, combined with advanced data analytics, can help inform NICE's work and at the same time provide learning on how NICE interacts with academic and healthcare partners in this area. The projects are expected to report their initial findings in February 2019.

Issues for discussion

17. The Board is asked to note:

- The work undertaken to explore the use of data and analytics and the planned objectives in this area for 2019/20.
- The progress of discussions with the Health Foundation, the Alan Turing Institute, Manchester and HDR-UK, in relation to developing partnership working arrangements.
- The progress of the two live Manchester data lab projects and other Science Policy and Research (SP&R)-led research activities.

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January 2019

Appendix 1: Membership of the data and analytics external reference group

- Health Innovation Manchester
- The Turing Institute
- The Health Foundation
- NHS Digital
- Health Data Research UK
- Medicines and Healthcare Regulatory Agency (MHRA)
- Office for National Statistics
- National Cancer Registration and Analysis Service (NCRAS)
- National Institute for Health Research
- The Big Data Institute
- Public Health England
- Wessex Institute of Health & Research
- ABPI (industry representative)
- ABHI (MedTech)
- European Medical Technology Association.

Other organisations and individuals may be invited to attend particular meetings, on specific topic areas.

National Institute for Health and Care Excellence

NHS Long Term Plan: initial overview of the expectations and opportunities for NICE

This report summarises the expectations and opportunities for NICE of the NHS Long Term Plan that was published on 7 January 2019. The full plan, and a 2 page summary, can be accessed on the [Long Term Plan website](#).

The Board is asked to note and comment on the report.

Andrew Dillon

Chief Executive

January 2019

Overview

1. NHS England's Long Term Plan sets out to tackle the pressures facing the health and care system (funding, staffing, increasing inequalities and pressures from a growing and ageing population), while making the extra funding the Government announced last year go as far as possible. In doing so, NHS England intends to accelerate the redesign of patient care to future-proof the NHS for the next 10 years.
2. The Plan describes how the NHS will:
 - Move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting
 - Take action to strengthen its contribution to prevention and health inequalities
 - Set priorities for care quality and outcomes improvement
 - Tackle current workforce pressures and support staff
 - Undertake a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS
 - Use the 3.4% five year NHS funding settlement to help put the NHS back onto a sustainable financial path.
3. NHS England intends to build on the consultative process used to develop the Plan and to strengthen the ability of patients, professionals and the public to contribute by establishing a new NHS Assembly in early 2019. It describes 2019/20 as a transitional year, with the local NHS and its partners having the opportunity to shape local implementation for their populations. This will take account of the Clinical Standards Review and the national implementation framework being published in the spring, as well as differential local starting points in securing the major national improvements set out in the Long Term Plan. These will be brought together in a detailed national implementation programme by the autumn so that NHS England can take account of Government Spending Review decisions on workforce education and training budgets, social care, councils' public health services and NHS capital investment.
4. We contributed to the development of the Plan at a number of levels and specifically in relation to the proposals that relate to quality improvement and research, and innovation. Given the Plan's considerable reach, not everything we discussed and suggested has been included, but there are, nevertheless a number of references to NICE, which are set out below. We will pursue these

contributions with NHS England and the other organisations, and we will look for other opportunities to use our guidance and standards to support the implementation of the Plan.

NICE references (with Plan section numbers)

5. “Over the next five years all parts of the country will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most. Extra investment and productivity reforms in community health services will mean that within five years all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral **in line with NICE guidelines**, where clinically judged to be appropriate. In addition, all parts of the country should be delivering reablement care within two days of referral to those patients who are judged to need it.” **(Section 1.8)**
6. “To support (this) new way of working we will agree significant changes to the GP Quality and Outcomes Framework (QOF). This will include a new Quality Improvement (QI) element, which is being **developed jointly by the Royal College of GPs, NICE and the Health Foundation**. The least effective indicators will be retired, and the revised QOF will also support more personalised care. In 2019 we will also undertake a fundamental review of GP vaccinations and immunisation standards, funding, and procurement. This will support the goal of improving immunisation coverage, using local coordinators to target variation and improve groups and areas with low vaccines uptake.” **(Section 1.11)**
7. “For fast growing cancers, shortening intervals between referral to treatment saves lives. For every person with suspected cancer, shortening the anxious wait between suspicion and exclusion or confirmation of cancer will deliver a far better experience of care. More cancers are being diagnosed following a GP referral or from screening, with reductions in diagnosis through emergency presentation. We want to ensure that all GPs are using the latest **evidence-based guidance from NICE** to identify children, young people and adults at risk of cancer. Primary care networks will be required to help improve early diagnosis of patients in their own neighbourhoods by 2023/24.” **(Section 3.57)**
8. “Cardiac rehabilitation is an intervention **recommended by NICE** which can save lives, improve quality of life and reduce hospital readmissions. Access to and uptake of cardiac rehabilitation services varies across England, and only 62,822 patients (52%) of the 121,500 eligible patients per year take up offers of cardiac rehabilitation. Scaling up and improving marketing of cardiac rehabilitation to be amongst the best in Europe will prevent up to 23,000 premature deaths and 50,000 acute admissions over 10 years.” **(Section 3.72)**

9. “The *Five Year Forward View for Mental Health* set out plans for expanding IAPT services so at least 1.5 million people can access care each year by 2020/21. We will continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long-term conditions. IAPT services have now evolved to deliver benefits to people with long-term conditions, providing genuinely integrated care for people at the point of delivery. More than half of patients who use IAPT services are moving to recovery, and nine out of ten people now start treatment in less than six weeks. By 2023/24, an additional 380,000 adults and older adults will be able to access **NICE-approved IAPT services.**” (Section 3.91)
10. “Uptake of proven, affordable innovations will be accelerated through a new Medtech funding mandate. This would apply to health tech products, other than pharmaceuticals, **which have been assessed as cost saving by NICE.** We will also **significantly increase the number of NICE evaluations** for these products, giving greater scope for assessment of digital products in particular. Products that are ‘ready for spread’ across the NHS will be given individualised support to increase adoption, coordinated by NHS England and NHS Improvement.” (Section 3.118)
11. “Research evidence shows some interventions are not clinically effective or only effective when they are performed in specific circumstances. And as medical science advances, some interventions are superseded by those that are less invasive or more effective. The NHS needs to ensure that the least effective interventions are not routinely performed, or only performed in more clearly defined circumstances. **This summer (2018), the Academy of Medical Royal Colleges, NICE, NHS Clinical Commissioners, NHS England and NHS Improvement joined forces to consult on how best to reduce inappropriate interventions.** This will potentially avoid needless harm to patients, and free up scarce professional time for performing other interventions - including creating headroom for proven innovations. The time and resources saved will all be reinvested in patient care.” (Section 6.17 viii)

Quality improvement

12. In addition to these direct references to NICE, we also have a keen interest in the Plan’s support for quality improvement. Better capacity and capability across the system will be key to improving the adoption of NICE recommendations, as well as for implementation of the Plan. We are working closely with NHS Improvement and NHS England on the system’s support for quality improvement. The reference in the Plan is set out below.
13. “Delivering the Long Term Plan will rely on local health systems having the capability to implement change effectively. Systematic methods of Quality

Improvement (QI) provide an evidence-based approach for improving every aspect of how the NHS operates. Through developing their improvement capabilities, including QI skills and data analytics, systems will move further and faster to adopt new innovations and service models and implement best practices that can improve quality and efficiency and reduce unwarranted variations in performance. A programme to build improvement capability is established in around 80% of the trusts rated 'outstanding' by the CQC. We will, in partnership with the Health Foundation, support an increase in the number of ICSs building improvement capability to implement new ideas and practices.”
(Section 7.6)

January 2019

AUDIT & RISK COMMITTEE

Unconfirmed minutes of the meeting held on 28 November 2018 at the NICE London Office

Present

Dr Rima Makarem	Non-Executive Director (Chair)
Elaine Inglesby-Burke	Non-Executive Director (by telephone)
Professor Sheena Asthana	Non-Executive Director (by telephone)
Professor Tim Irish	Non-Executive Director (by telephone)

In attendance

Andrew Dillon	Chief Executive
Alexia Tonnel	Evidence Resources Director (items 8.2 – 8.4)
David Coombs	Associate Director - Corporate Office
Barney Wilkinson	Associate Director - Procurement & IT
Catherine Wilkinson	Associate Director - Finance & Estates
Grace Marguerie	Associate Director – Human Resources
Theo Smith	Recruitment Manager
Kelly Parry	Governance Manager: information (items 8.2 – 9.1)
Elaine Repton	Governance Manager: risk assurance (minutes)

Jane Newton	DHSC, NICE Sponsor Team Lead
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 Ben Bennett.

Declarations of interest

2. There were no interests declared.

Minutes of the last meeting

3. The minutes of the meeting held on 26 September 2018 were agreed as a correct record.
4. Jane Newton queried the escalation route for employees wishing to raise concerns under the whistleblowing policy. She advised best practice was via a non-executive director, rather than an executive. The Chair confirmed that Gill Leng had investigated the case as an executive director not previously involved in the matter, and she had been had involved as chair of the Audit & Risk Committee to provide non-executive director oversight. Grace Marguerie

added that NICE's recently revised whistleblowing policy had been benchmarked against other ALBs and followed DHSC guidance. She would check the policy includes the option of directly contacting a non-executive director with a concern.

ACTION: GM

Action Log

5. The Committee reviewed the action log noting that the two open actions were being progressed.

RISK MANAGEMENT

Business risks 2018/19

6. The Committee reviewed the latest business risk register. The report recommended removal of two risks and the inclusion of a new risk relating to NICE failing to align its outputs with new trends in technology and data analysis.
7. Jane Newton advised that ALBs should expect to receive a number of requests for information from the DHSC relating to EU exit preparations. The requests will come directly to Andrew Dillon and also to functional leads for IT and digital, procurement and GDPR related issues.
8. The Committee briefly discussed a key EU exit concern around the storage of cloud hosted data by Amazon Web Services (AWS), within data centres in Ireland and the Netherlands. It was noted this risk affects a large number of other Government bodies and advice has been requested from the Department of Culture, Media, and Sport and DHSC given the benefit of a pan-Government response. The Committee agreed that as discussions were so fluid at the moment, no action to migrate the data should be taken until there was more certainty. It was agreed to monitor whether an overriding EU exit risk should be added to the register, to supplement the specific risks already captured.
9. The Committee queried why the transitional funding and cost recovery risk (01/18) was still scored high when a positive decision on TA charging had been reached. It was reported that NICE was waiting for confirmation in writing from the DHSC about transitional support to address the one-off shortfall in 2019/20 arising from the delay in introducing charging, and the ongoing impact of the decision to increase the discount to 75% for small companies. Jane Newton agreed to follow this up with DHSC finance colleagues.

ACTION: JN

10. It was discussed whether the risk related to the London office move (04/18) could be reduced or removed, in light of the proposal to move to Stratford with the British Council. Andrew Dillon advised that the final decision was ultimately with the DHSC, not the NICE Board, and the uncertainty about the timing of the move was a very important consideration for staff.

11. The potential impact of Brexit on the BNF print contract was discussed (16/18). It was queried whether the stated completion date of March 2020 was the current contract end date or the date for having concluded negotiations on the costs for the following year. It was agreed that the dates be checked.

ACTION: ER

12. In relation to risk 25/18, it was queried whether the risk to NICE of “*failing to contribute to a system-wide framework for assessing digital health tools*” needed to be reviewed given that the NHS Long Term Plan and sector deal will refer to NICE having an expanded role. It was agreed that this risk be re-worded to reflect the risk of NICE not being able to meet the system’s future requirements for evaluating digital health technologies.

ACTION: ER

Recruitment and retention

13. Grace Marguerie and Theo Smith joined the meeting to discuss the workforce challenges facing NICE, particularly recruitment to specialist roles such as health economists and digital developers. They noted that a range of innovative resourcing solutions and approaches were being trialled to attract more applicants to NICE, and the team were looking to reach candidates who could be attracted for reasons other than just salary given the need to operate within the public sector pay framework.
14. The Committee discussed the scope for collaborating with universities to support placements, apprenticeships and internships. Grace Marguerie confirmed that this option was being explored. Andrew Jackson suggested contacting NHS Digital, whose remit was changing to provide support to the health and social care sector.
15. The Committee was supportive of the plans discussed but expressed concerns about the potential time period to deliver results and meet the immediate demand for staff in particular roles. Committee members noted that the proposals outlined addressed the longer term plans, but would not resolve the short term skills shortage. Grace Marguerie referred to NICE’s learning and development plans within the Workforce Strategy, which included talent management of existing staff and investing in training to help people develop their skills to move into different roles.

INTERNAL AUDIT

Update report

16. The Committee noted progress against the internal audit plan for 2018/19. Two reviews have been completed, with four reviews currently in progress for presentation to the Committee in January, and a further three planned in Q4 for presentation in April.
17. It was noted that the majority of the current year’s plan has been completed in the second half of the year. Niki Parker advised that she was intending to

present the draft audit plan for 2019/20 in January, with a view to formal approval being received in April which would allow work to begin straight away.

Counter-fraud review

18. Niki Parker presented the findings of the internal audit review of counter-fraud arrangements which received a moderate assurance level and made four recommendations for improvement.
19. The Committee acknowledged that ALBs do not have local counter fraud specialists and therefore considered how it should be receiving assurance that NICE's counter fraud arrangements are robust. David Coombs advised that counter-fraud controls are integral to business processes, tested throughout a number of internal audit reviews (eg non-staff reimbursement, financial controls, whistle blowing arrangements) and incorporated in regular reports to the Committee (such as waivers, and losses and special payments). This informs the annual governance statement, which itself is supported by the Audit & Risk Committee's annual assurance report to the Board.
20. Reference was made to the HM Treasury functional standards for counter-fraud which are recommended for all organisations with expenditure of over £100m. Whilst NICE's revised counter-fraud policy will be aligned to the standards where appropriate, it will take a proportionate approach. For example, the level of fraud within NICE does not necessitate a counter fraud strategy or annual fraud risk assessment to be submitted to the DHSC.
21. It was confirmed that the audit report's recommendations were intended to be implemented, subject to the SMT's consideration of mandatory fraud awareness training for all staff. Furthermore, the revised draft policy will be shared with the DHSC Anti-Fraud Unit for review.
22. The internal audit report was noted.

EXTERNAL AUDIT

Update report

23. Andrew Jackson presented the update report from the NAO, referring to the year end process, the new Letter of Understanding to be issued in January, and the introductory meetings which have taken place with EY and NICE's finance team. It was also noted that the appointment of a new Auditor General would shortly be announced.
24. The Committee were advised of the IASB Advisory Board's decision to defer the implementation of IFRS16: the accounting treatment of leases, from 1 January 2019 to 1 January 2020. Although the standard has been delayed, there will still be a requirement to recognise current leases in the 2018/19 financial statements.
25. The external auditor's report was noted.

FINANCE

Financial accounting performance

26. Catherine Wilkinson presented the financial accounting performance report as at 31 October 2018. The Committee noted that performance against the Better Payments Practice Code remained above target. Catherine thanked the financial accounts team members for their hard work during a period of high staff turnover.
27. The Committee discussed the problems of late payment by NHS England due to the difficulty raising purchase orders. The Committee asked whether the delays in receiving income was affecting NICE's cash flow and ability to undertake further activities. Catherine advised this was not the case, and currently the impact was solely on the management accounts. However this could become more of an issue depending on the timing of receiving payment from companies once TA cost recovery is introduced. Jane Newton agreed to take the matter up again through the DHSC.

ACTION: JN

28. The value of losses from train cancellations and ticket amendment fees was discussed as the value to date of £23k was more than in the whole of 2017/18. The Committee asked if further controls could be implemented to reduce this figure. Catherine stated that the expenditure should be seen as a consequence of the steps taken to minimise travel expenditure by requiring staff to book inflexible advance standard class tickets to obtain the lowest fare. The losses could be avoided by allowing staff to book flexible refundable tickets, however this would increase overall travel costs and expenditure. Staff are also encouraged to return unused tickets to Facilities for refunds or to see if they can be passed onto someone else, which then results in a loss being recorded. She noted that budget managers receive monthly expenditure reports so that they are able to monitor each individual's spend and address any issues. It was requested that the January report includes a graph of train travel expenditure and losses to show the figures in context, plus narrative on the current controls.

ACTION: CW

29. The financial accounting performance report was noted.

CONTRACTS & IT

Waivers report

30. The Committee noted the schedule of contract waivers that had been approved since 1 April 2018. Barney Wilkinson drew attention to the HealthTech Connect project which was being extended from the original waiver request, due to system changes requested by NHS England, the sponsor.
31. The waivers report was noted.

IT security report 2018

32. The Committee reviewed a joint paper from IT and Digital Services (DS) providing assurance on the security of the NICE infrastructure. The Chair commented that the security arrangements appeared to be technically very comprehensive but asked if there were any gaps and what level of staff training was taking place as user error could never be completely mitigated. It was suggested that phishing emails were a good way of raising awareness to test how many employees open the emails and click on links. This was an opportunity to direct anyone who does open the email to a training page. Barney Wilkinson advised that an all staff email had recently been circulated on the subject of phishing emails, which contained a link to a short training video on the Communications Team page. The Committee asked if further cyber security exercises could be planned to test the levels of IT security awareness, particularly among non-IT staff.

ACTION: BW

33. Alexia Tonnel briefly outlined the network security work that has been ongoing within the DS Team since her last report to Committee. All of the DS live online services are externally hosted within the cloud at Amazon Web Services. Alexia confirmed that system penetration testing by an independent third party security consultancy has been accelerated this year. The work has not uncovered any major issues but has identified some areas for improvement. More security awareness training is taking place specifically for DS teams as they have greater user privileges.
34. The report was noted.

Roles and duties of IT within NICE

35. The Committee reviewed the report that outlined how the responsibilities for NICE's information, communication and digital technologies are split across the roles within the IT and Digital Services teams. The report had been produced in response to an internal audit report.
36. The Committee noted the report.

DR/BC IT Scenarios

37. The Committee reviewed and noted the paper on NICE's IT resilience and business continuity arrangements.

CORPORATE OFFICE

Annual information governance report 2017/18

38. The Committee reviewed the annual information governance report detailing the arrangements in place to ensure the effective management of information at NICE. It was noted that all DHSC ALBs are required to complete the recently published Data Security and Protection (DSP) Toolkit to demonstrate their compliance with the IG assurance framework. An initial return is due by 31

December 2018 with a full return required by 31 March 2019. A paper on the interim submission will be shared with the Committee in January.

ACTION: KP

39. Kelly Parry gave an overview of the key achievements in the year including implementation of the General Data Protection Regulation, launching a mandatory IG training module, identifying Information Asset Owners across all teams and the co-ordination of the Information Governance Steering Group which oversees compliance with IG standards across NICE. She outlined future challenges and risks, including wider use of cloud based Software as a Service products, and the increased use of Real World Data.
40. The report was noted and Kelly Parry was thanked for all her work in raising information governance awareness across NICE.

Review of the external audit effectiveness in 2017/18

41. The Committee's review of the external audit effectiveness in 2017/18 was overall positive with no significant concerns raised by the feedback. Andrew Jackson confirmed that routine engagement took place throughout the year between internal and external audit, but the survey had showed that the majority of those who attended the committee had no sight of this.
42. The feedback also referred to the NAO's decision to contract out the year end audit to EY. The key concern was EY's ability to quickly build new relationships and understand NICE as a business. The Chair asked about the impact of the new audit arrangements on the NICE finance team. It was noted that the NICE finance team, NAO, and EY are discussing this further.

Internal audit recommendations log

43. The Committee noted progress against internal audit actions that had passed their original implementation date, and one which was recommended for closure. The one high level recommendation regarding signed contracts of employment remained outstanding; it was expected to be completed by December 2018 as previously reported to the Committee.
44. The Committee had no objection to the implementation dates for the non-staff reimbursement actions being amended to March 2019. The Head of Internal Audit also had no concerns.
45. The Committee agreed that the actions relating to IT could be closed as a result of the papers presented to this meeting.

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. The Chair asked whether cyber security should continue to be the risk discussion topic in January in light of the debates today, the Board training session in December and the planned internal audit review of cyber security which will be presented to the Committee in January. It was agreed that any requests to review an alternative risk area, be passed to the Chair or the Governance Manager.

ACTION: All

OTHER BUSINESS

48. There were no further items of business raised.

FUTURE MEETING DATES

49. The Committee confirmed its meetings in 2018/19 would take place on:

- 23 January 2019 (at 10.00am)
- 24 April 2019
- 19 June 2019 (at 9.30am)
- 4 September 2019
- 27 November 2019

The Chair declared the meeting closed at 4.25pm.

National Institute for Health and Care Excellence

Renewal of tenure for Chairs of the technology appraisal and medical technologies advisory committees

The Board is asked to agree to renew the tenure of the chairs of two 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.

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 appointment in open competition.

Meindert Boysen

Director, Centre for Health Technology Evaluation

January 2019

Background

1. The technology appraisals programme is facing a period of significant change over the next 3 years. A new appraisal process was introduced in April 2018 which aims to increase capacity within the existing 4 technology appraisal committees. Since April, the programme has been in a transition period with some companies given the opportunity to consider remaining on the old process or moving over to the new process. As the new process requires earlier submissions from companies, some understandably chose to remain on the old process. Topics referred onto the NICE work programme from April have been scheduled to follow the new process. The first topics to go through the new appraisal process have now started. The related committee discussions will only begin from February and March 2019.
2. The Voluntary Scheme for Branded Medicines Pricing and Access has important implications for NICE: an expansion of 25% in the technology appraisal programme by 2020/21, aligning the timeliness targets for drugs outside of oncology with those already in place for oncology (which is that final guidance is published within 90 days of marketing authorisation), updating the methods for technology appraisal, reviewing the process and methods for highly specialised technologies, and maximising the opportunities for commercial and managed access, in collaboration with NHS England.
3. As we introduce the most significant changes to the technology appraisal programme since its inception we need experienced leadership for our advisory committees. Following the retirement of Professor Andrew Stevens in December 2017, the longest serving, and most experienced, appraisal committee chairs are now Dr Jane Adam and Dr Amanda Adler. Both Dr Adam and Dr Adler were appointed as committee chairs in June 2009 and their 10 year tenures with NICE expire in June 2019. Both chairs have considerable credibility with committee members and external stakeholders.
4. The medical technologies evaluation programme is also facing a period of significant change, with an expansion in the number of topics, the development of a digital health technologies process, and changes to the process and methods for guidance development. Our ability to deliver these changes will require strong leadership from an experienced chair to ensure a stable environment is maintained to deliver the quality and quantity of guidance output. In order to minimise the risks to the medical technologies evaluation programme, we seek Board approval for extending Dr Groves' tenure as chair of the medical technologies advisory committee beyond 10 years.

Proposal

5. Considering the exceptional circumstances laid out in this paper, and in order to minimise the risks to the technology appraisal programme and the medical technologies evaluation programme, we seek the Board's approval to extend the current appointments of Dr Adam, Dr Adler and Dr Groves beyond the 10 year term limit.
6. If the Board agrees, it will need to waive the requirement that a renewal of membership of a NICE advisory committee beyond 10 years must be subject to open recruitment.
7. In order to limit the impact of both chairs of the appraisal committee leaving at the same time, we seek a renewal of the tenure of Dr Jane Adam the Chair of the Technology Appraisal Committee A until June 2022, of the tenure of Dr Amanda Adler as Chair of the Technology Appraisal Committee B until June 2021. The extension of the tenure for Dr Peter Groves as Chair of the Medical Technologies Advisory Committee will be until March 2021.

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January 2019

National Institute for Health and Care Excellence

Remuneration Committee terms of reference and standing orders

At its meeting on 19 November 2018, the Remuneration Committee reviewed and agreed updated terms of reference and standing orders, in line with the scheduled review cycle. The amendments reduce the length of the document and remove repetition, following similar changes to NICE's other key governance and senior management committees.

The terms of reference also now include the committee's role reviewing submissions to the Department for Health and Social Care Remuneration Committee for the appointment of all Executive and Senior Manager (ESM) and Agenda for Change (AfC) Band 9 roles over the £100k remuneration threshold. There are no other material amendments.

The Board is asked to review and approve the updated terms of reference and standing orders.

Dr Rosie Benneyworth

Acting Chair

January 2019

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Remuneration Committee

Terms of reference and standing orders

DRAFT

Terms of reference

1. The Remuneration Committee is responsible for ensuring that a policy and process for the performance review and remuneration of the Chief Executive and Senior Management Team are in place.
2. The Committee's duties and responsibilities are to:
 - agree the remuneration and terms of service, including:
 - salary
 - performance related pay
 - provisions for other benefits including pensions
 - arrangements for termination of employment and other contractual terms

for the Chief Executive, members of the Senior Management Team, and any other staff on the Executive and Senior Manager (ESM) pay framework.

 - review and approve any submissions to the Department for Health and Social Care (DHSC) Remuneration Committee for the appointment of all ESM and Agenda for Change (AfC) Band 9 roles over the £100k remuneration threshold.
 - ensure there is a system of performance review in place for the Chief Executive and Senior Management Team.
3. To meet these duties and responsibilities, the Committee will:
 - ensure that pay and benefits for the senior staff within its remit are determined in accordance with the principles of openness, integrity and fairness, and that senior staff are fairly rewarded for their individual contribution to NICE within affordability constraints.
 - take proper regard of NICE's circumstances and performance.
 - comply with any relevant frameworks or instructions issued by the DHSC or HM Treasury.
4. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of external advisers if it considers this necessary.

Standing orders

General

5. These standing orders describe the procedural rules for managing the Committee's work as agreed by the Board. Nothing in these standing orders shall limit compliance with NICE's standing orders so far as they are applicable to this Committee. Committee members shall comply with the Committee's terms of reference, which set out the scope of the Committee's work and its authority.

Membership

6. The Committee will comprise the following 4 non-executive directors:
 - Chair of the NICE Board (committee chair)
 - Vice Chair of the NICE Board
 - Audit and Risk Committee Chair
 - Senior Independent Director
7. If the Senior Independent Director is either the Vice Chair or Audit and Risk Committee Chair, then the Chair, on behalf of the Board, will appoint a fourth non-executive director to the Committee.
8. In the event of a Committee member's prolonged temporary absence from NICE, the Chair, on behalf of the Board, will temporarily appoint a further non-executive director as a full member of the Committee.

Other attendees

9. Only members of the Committee have the right to attend committee meetings. However, the Chief Executive, Business Planning and Resources Director and the Associate Director – Human Resources have standing invitations to attend, except when their remuneration or performance is to be discussed.
10. Other senior staff may be invited to attend for specific issues that do not involve their own remuneration and performance.
11. The Associate Director, Corporate Office will act as Secretary to the Committee.

Quorum

12. The quorum is 3 members. No business shall be transacted unless the meeting is quorate.

Voting

13. The decisions of the Committee will normally be arrived at by a consensus of those members present. Before a decision to move to a vote is made, the Chair will, in all cases, consider whether continuing the discussion at a subsequent meeting is likely to lead to a consensus.

14. Voting, where required, will be by show of hands and decisions determined by a simple majority of those members present at a quorate meeting.
15. The Chair of the meeting will be included in the vote and in the event of a tie, the Chair will have a second, casting vote.

Arrangements for meetings

16. All members must make a declaration of any potential conflicts of interest that may require their withdrawal in advance of each meeting.
17. The Committee will meet as required, but not less than once a year.
18. No other business shall be discussed at the meeting except at the discretion of the Chair.
19. Those present at the meetings should respect the confidentiality of any information discussed at the Committee.
20. Members may participate at the meeting by telephone or video conference, and this will count towards the quorum.

Minutes

21. The minutes of the meetings shall be formally recorded by the Associate Director, Corporate Office and submitted to the next meeting for approval.

Interpretation or suspension of standing orders

22. During the course of a meeting, the Chair of the Committee shall be the final authority on the interpretation of the standing orders.
23. Except where this would contravene any statutory provision, any one or more of the standing orders may be suspended at any meeting provided that a simple majority of those present and eligible to participate vote in favour of the suspension.
24. Any decision to suspend standing orders will be recorded in the minutes of the meeting and no formal business may be transacted while standing orders are suspended.

Review of terms of reference and standing orders

25. These terms of reference and standing orders will be reviewed every 2 years. The next review date is November 2020.

National Institute for Health and Care Excellence

Vice Chair and Senior Independent Director

This report gives details of the proposed next steps following the resignation of Dr Rosie Benneyworth, the current Vice Chair, from the NICE Board.

The Board is asked to

- Appoint Professor Tim Irish as Vice Chair with effect from 1 March 2019.
- Note that the Board will be asked to elect a Senior Independent Director (SID), following fresh expressions of interest from the non-executive directors.
- Note that the membership of the Remuneration Committee will be updated to take account of the new Vice Chair and SID appointments

Dr Rosie Benneyworth

Acting Chair

January 2019

Vice Chair

1. NICE's Standing Orders make provision for the appointment of a Vice Chair. In summary, the role of the Vice Chair is to perform the duties of Chair when the Chair is unable to discharge their responsibilities. In addition, the NICE Vice Chair has a central role in the technology appraisal and highly specialised technologies appeal process. The role description is attached as appendix 1.
2. In November 2016 the Board appointed Dr Rosie Benneyworth as the Vice Chair with effect from May 2017 when the position would be vacant.
3. At the end of February 2019, Dr Benneyworth will step down from the NICE Board to join the Care Quality Commission (CQC) as their Chief Inspector of Primary Medical Services and Integrated Care.
4. A new Vice Chair is therefore required, and following consultation with the Board members, Sir David Haslam, NICE Chair, proposes that the Board appoint Professor Tim Irish to this role.

Senior Independent Director

5. In November 2016 the Board also agreed to separate the roles of Vice Chair and Senior Independent Director (SID). It was agreed that while the Chair would propose a Vice Chair to the Board, the Chair should not nominate the SID given the SID's role in addressing concerns about the Chair's performance.
6. The agreed process was that the non-executive directors (NEDs) would be asked to express an interest in the SID role, and then the Board members would vote without a recommendation from the Chair.
7. Following this process, Professor Tim Irish was subsequently elected as the SID. The role description is attached as appendix 2.
8. Given the proposal to appoint Professor Irish as the Vice Chair, he will stand down from his role as SID and the NEDs have been asked to express an interest in this role. Board members will then vote if there are multiple candidates.

Remuneration Committee

9. The terms of reference of the Remuneration Committee state the committee shall be made up of 4 non-executive directors and comprise the:
 - Chair of the NICE Board (committee chair)
 - Vice Chair of the NICE Board
 - Audit and Risk Committee chair

- Senior Independent Director
10. The terms of reference state that if the SID is either the Vice Chair or Audit and Risk Committee Chair, then the NICE Chair is authorised to appoint a fourth non-executive director to the committee.
11. The membership of the Remuneration Committee will therefore be updated to take account of the outcome of the new Vice Chair and SID appointments, and the Board advised accordingly.

Conclusion

12. The Board is asked to:
- Appoint Professor Tim Irish as Vice Chair with effect from 1 March 2019.
 - Note that the Board will be asked to elect a Senior Independent Director (SID), following fresh expressions of interest from the non-executive directors.
 - Note that the membership of the Remuneration Committee will be updated to take account of the new Vice Chair and SID appointments

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January 2019

Appendix 1: Vice Chair role description

The main duties of the Vice Chair are:

1. Deputising for the Chair in their absence at Board meetings and on other occasions when they are otherwise unavailable.
2. Undertaking the duties of the Vice Chair outlined in the 'Guide to the technology appraisal and highly specialised technologies appeal process'.* This includes:
 - a. Determining the arguability and validity of each of the appeal points lodged and deciding if an appeal (oral or written) will be held.
 - b. Writing to the appellant with the outcomes of the Vice Chair's initial and final scrutiny of the appeal.

As part of this role, the Vice Chair will also work with the Corporate Office to:

- c. Appoint individuals able to hear appeals and present these appointments to the Secretary of State for approval.
 - d. Ensure that the panel for each individual appeal is appropriately constituted from members whose appointment has been approved by the Secretary of State.
 - e. Ensure that those appointed to hear appeals receive appropriate induction and ongoing training.
 - f. Ensure that the policies associated with the appeal process are kept up to date.
3. Being a member of the Board's Remuneration Committee.
4. Other duties as a non-executive director of the Board.

* NB If the Vice Chair is unable to consider a specific appeal due to conflict of interest or other reason, an alternate will be nominated to undertake these duties.

Appendix 2: Senior Independent Director role description

1. The Board will appoint one of the non-executive directors (NEDs) as the Senior Independent Director (SID).
2. In addition their role as a NED, the SID will:
 - Be available to Board members if they have concerns relating to the performance of the Chair, or the performance of the organisation that they consider have not been dealt with appropriately by the Chair.
 - Investigate and respond to complaints about the Chair in accordance with NICE's general complaints policy and procedure.

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.

Dr Paul Chrisp, Centre for Guidelines (Item 12)

Meindert Boysen, Director, Centre for Health Technology Evaluation (Item 13)

Jane Gizbert, Director, Communications (Item 14)

Alexia Tonnel, Director, Evidence Resources Directorate (Item 15)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 16)

January 2019

National Institute for Health and Care Excellence

Centre for Guidelines progress report

1. This report sets out the performance of the Centre for Guidelines against our business plan objectives during November and December 2018. It also highlights areas of work and specific guidelines that are felt to be of particular note for the Board.

Performance

2. Five guidelines were published during November and December 2018; 2 clinical guidelines and 3 antimicrobial guidelines. The publication of the abdominal aortic aneurysm: diagnosis and management guideline was delayed to allow further consideration of the draft recommendations by the guideline committee. Any other variations are reported in the Chief Executive's report.
3. Nine surveillance reviews were published during this reporting period, of which 1 was an exceptional review. All other deliverables are on track.
4. Following the publication of the Guidelines Development Manual in October 2018, plans are in place for implementation of the manual in all guidelines starting from 1 January 2019.
5. The 7 external contracts managed within the Centre are delivering according to plan. These include the 2 external guideline development centres hosted by the Royal College of Physicians and the Royal College of Obstetrics and Gynaecology, 2 technical support contracts at the university of Bristol and York, and 3 contracts to deliver the BNF, BNFC and the Nurse Prescribers Formulary (NPF) to prescribers across the UK via print and digital services.
6. Quarter 3 review meetings are underway for all contractors. At the end of quarter 2 all contractors were within budget and on target to complete agreed deliverables. Business plans for 2019/20 have been submitted and signed off. There are no reported high risks.
7. The BNF and BNFC 2018 campaign to deliver print copies to prescribers was completed to time on 30 November. The contractor responsible for the packaging and distribution of the BNF and BNFC print copies was placed into receivership on 26 November. A novation contract has been agreed with the Administrator that will run until 30 March 2019. An open tender process to appoint a new contractor from 1 April 2019 was already in place and has been completed.

8. The sub-contract to print the BNF is based in Germany and may require further risk assessment depending on the outcome of Brexit.

Notable issues and developments

Collaboration on antimicrobial prescribing guidance

9. In November a joint piece of work between NICE and Public Health England (PHE) resulted in the publication of a summary on antimicrobial prescribing guidance for managing common infections. It brings together a summary of guidance produced by NICE and PHE and will be updated as new NICE guidelines are published. This is the first time both sets of national guidance have been brought together in a single resource for users to access and use.

Methodology and process

10. A collaborative data science project has been initiated with the Data Science Campus at the Office for National Statistics (ONS). Led by ONS and supported by the surveillance team, the project aims to develop a system that automatically identifies new NICE guidance content and classify it in relation to existing guidance content. In order to complete this project we hope to use different techniques such as web scraping to monitor and identify existing and new guidance content on the NICE website. The project intends to use automated processing to strip the recommendations off the website and provide them in a reusable format (machine readable) and to use Natural Language Processing technology to classify the recommendations contained in the NICE portfolio, automating linkage between all NICE content. The project addresses the business objective of refining and implementing new methods and processes to accelerate the development of guidelines, and inform the development of methods required for the use of data analytic techniques to develop NICE recommendations.
11. Additionally the ONS has delivered introductory training to the Centre on data science and programming language.
12. In November, a member of the Methods and Economic Team attended the international COMET (Core Outcome Measures in Effectiveness Trials) VII meeting and presented a poster on 'The use of core outcome sets in NICE guidelines, guideline surveillance and quality standards'.
13. As part of the Improved Methods and Actionable Tools for enhancing Health Technology Assessment (IMPACT HTA) EU project, senior health economists within the Methods and Economic Team have started work on rebuilding existing guideline models using the Discretely Integrated Condition Event (DICE) simulation package. The aim is to assess whether using a standard modelling

framework will bring efficiencies when building and quality assuring health economic models specifically developed for guidelines.

Surveillance Link with the National Institute for Health Research (NIHR)

14. The surveillance team has been working with the NIHR to refine the processes for a joint system to identify when key NIHR funded trials are published, which may impact on NICE guidelines. The processes adopted by both organisations have been reviewed and improved. A report has been produced to provide feedback to staff involved in the collaboration showing the positive impact of the work. The report includes examples of the benefit of the NICE-NIHR link and how it can facilitate opportunities to incorporate practice changing research into guidance relatively rapidly after publication.

Specific guidelines

15. The scope for the guideline on cannabis-based products for medicinal use was agreed. Publication is expected in October 2019.

16. The composition of the committee to update our guideline on the diagnosis and management of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) was reviewed following concerns expressed with the appointments made. We issued a statement that NICE considers the appointments are appropriate and that any interests that the committee members have declared can be managed using our conflicts of interest policy.

17. Due to publish in December, publication of the abdominal aortic aneurysm: diagnosis and management guideline was delayed to allow further consideration of the draft recommendations by the guideline committee following quality assurance.

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January 2019

National Institute for Health and Care Excellence

Centre for Health Technology Evaluation Progress Report

1. This report sets out the performance of the Centre for Health Technology Evaluation (CHTE) against our business plan objectives during November and December 2018. It also highlights key issues and developments in the Centre during that period.
2. CHTE is responsible for delivering a number of programmes of work ranging from **topic selection and routing** (incl. HealthTech Connect (HTC)), **development of advice** (Commissioning Support Programme (CSP), Medtech innovation briefings (MIBs)), **guidance production** (Diagnostic Assessment Programme (DAP), Highly Specialised Technologies Evaluation (HST), Interventional Procedures (IP), Medical Technologies Evaluation Programme (MTEP), and Technology Appraisals (TA)), to supporting **commercial and managed access** (Cancer Drugs Fund (CDF), Observational Data Unit (ODU), Patient Access Schemes Liaison Unit (PASLU)).

Performance

3. All programmes within CHTE are performing more or less according to plan for the November and December period, with minor variations reported for some individual programmes. Detailed performance and exception reporting for a number of the abovementioned programmes can be found in the Chief Executive's report. In this section we report on the performance of the remaining programmes of work, and provide highlights for all activities in CHTE.
4. The CDF team has 11 ongoing or completed managed access agreements in the work programme for the 2018/19 business year and is likely to meet the target of up to 14 managed access agreements.
5. For each piece of TA guidance, a suggested time for its review is given. This is the length of time after publication when NICE will consult with relevant organisations on a proposal about whether or not the guidance needs to be updated, and if so, how to update the guidance. So far, the technology appraisal reviews team have completed 22 review proposal projects. This remains on course to deliver against a target of 33 for the 2018/19 business year.

Notable issues and developments

Centre Coordination Team

6. During November and December CHTE advertised 7 vacancies, including 1 associate director role, 2 administrators and 4 technical analyst posts. These vacancies were created by secondment opportunities elsewhere in NICE, staff leaving the organisation and internal promotions. While most recruitment campaigns are at the application stage, offers have been made for all interviews that have already taken place.
7. In November and December 2 recruitment campaigns for committee members have taken place. We have appointed 11 new members; 4 lay and 7 professional members.

Commercial and Managed Access Programme

8. The PASLU and CDF teams have become part of the broader programme of work that we refer to as the 'commercial and managed access programme' (CMAP). This programme also provides leadership oversight for the Accelerated Access Collaborative secretariat and the Office for Market Access; highlights of activities for these programmes of work are included in the Chief Executive report.
9. In November and December PASLU had engagement with companies and NHS England on 6 potential new PAS and detailed discussions about the withdrawal of a complex PAS to replace it with a simple discount.

Commissioning Support Programme

10. In November, 2 topics were submitted to NHS England's clinical panel, both of which were approved with minor amendments. These topics will be sent out by NHS England for stakeholder testing in January, ahead of anticipated timelines.
11. In December, 2 topics (equal to 3 units of work) were handed over to NHS England for Programme of Care Board review prior to public consultation.
12. The publication of the 2019 Voluntary Scheme for Branded Medicines Pricing and Access has implications for CSP in that from April 2020, all new active substances in their first indication, and extensions to their marketing authorisation to add a significant new therapeutic indication, will undergo an appropriate NICE appraisal, except where there is a clear rationale not to do so. CSP is in discussion with NHS England to agree the arrangements for 2019/20 as a transition year, and the options for a future role of the programme in servicing NHS England.

Diagnostic Assessment Programme

13. The programme continues to work with NHS England to align NICE evaluations with the development of the new national Genomic Medicine Service. Early diagnosis, precision medicine and AMR remain key areas of interest and engagement for the diagnostics programme, and feature prominently in the NHS Long Term Plan. In December 2018, the programme published updated guidance on [tumour profiling tests to guide adjuvant chemotherapy decisions in early breast cancer](#) which recommends adoption of selected tests with prospective data collection and commercial access arrangements.

Medical Technologies Evaluation Programme

14. In December 2018, NICE published an Evidence Standards Framework for digital health technologies (DHTs). The framework was developed in collaboration with NHS England, Public Health England and other partners, and helps developers and others understand what evidence should be available to demonstrate effectiveness and economic impact for DHTs seeking to be adopted in the health and care system. The framework was published for comment and feedback and an updated version, together with case study and other resources, is planned to be published in February 2019.

Observational Data Unit

15. 2 Commissioning through Evaluation projects, commissioned from NICE by NHS England, are proceeding from the initial set up phase. Patients treated with rituximab for idiopathic membranous nephropathy have started to be recruited and NICE is currently allocating an External Assessment Centre to work with the National Registry of Rare Kidney Diseases (RaDaR) on data collection. The Post-Market Study of the Argus II Retinal Prosthesis System is a particularly complex project in terms of the research governance arrangements because the relevant Interventional Procedures Guidance recommends that the procedure should only be undertaken in the context of research. The governance support required for patient facing research activities has been agreed by the NIHR and Kings College London who will act as research sponsor, with an External Assessment Centre carrying the coordination, analysis and final report production.
16. 3 final commissioning through evaluation reports are planned to be published within the next 2 months. The interim reports submitted to NHS England on mitraclip, left atrial appendage occlusion and patent ovale foramen closure are being updated with linked data from HES and ONS and selected economic analyses. All three reports are scheduled to be considered by NHS England's Clinical Priorities Advisory Group in May 2019.

Technology Appraisals (TA)

17. The updated guide to the process of TA was published on 3 April, and the transition to the new process is ongoing. 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 chemoradiation. The first of the new technical engagement step started in December 2018, with engagement responses received in January 2019. As expected, there has been a high level of engagement from stakeholders involved in this topic so far. The first appraisal committee meeting is scheduled to be held on 14 February 2019.
18. The budget impact test 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. Since implementation in July 2016, 104 TA and HST topics have been assessed for the budget impact test at the company submission stage of the process (59 in 2017/18, 45 so far in 2018/19). Twenty nine (28.2%) have been identified as potentially meeting the criterion. Three of these topics have resulted in a successful commercial arrangement between the company and NHS England, and final NICE guidance has been published (TA528, TA544, HST 8). Six topics resulted in a recommendation for use within the CDF therefore the budget impact test was no longer required. NHS England decided not to pursue negotiations with the company for one topic as they believe that future changes to the market conditions would make negotiations unnecessary. The remaining 19 topics are still going through NICE's processes, awaiting the final outcome of the value assessment.
19. The voluntary scheme for branded medicines pricing and access (VPAS) was published on 5 December 2018¹. 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 actively working 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.

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January 2019

¹ <https://www.gov.uk/government/publications/voluntary-scheme-for-branded-medicines-pricing-and-access>
National Institute for Health and Care Excellence
Centre for Health Technology Evaluation progress report
Date: 30 January 2019
Reference: 19/016

National Institute for Health and Care Excellence

Communications Directorate progress report

1. This report sets out the performance of the Communications Directorate against the directorate's business plan objectives during November and December 2018. The business plan objectives are listed on page 7.
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.

Notable issues and developments

Enquiries

4. During December the enquiry team celebrated the milestone of reaching 100,000 enquiries since 2010 when a new system for logging enquiries was introduced.
5. The team continues to work through a backlog of enquiries with around 800 enquirers awaiting a response. This is a significant increase since the last reporting period and is the result of a higher than usual vacancy rate in the team and an increase in the number of complex enquiries. We are exploring a number of options to reduce the backlog as quickly as possible.
6. During November and December we've responded to 3076 enquiries which included 25 MP letters, 25 Freedom of Information (FOI) requests, and 15 parliamentary questions.
7. Over 3000 campaign emails were received about the committee appointments for the update of the ME/CFS guideline.
8. After ME/CFS, cannabis-based products for medicinal use was the most popular topic during this period.

Recruitment

9. In this reporting period, several senior staff in the directorate have moved on to other roles within the health and care system. Recruitment is underway and we are pleased to announce that Danielle Mason will act as Associate Director for External Communications for one year on an interim basis.

Performance

Audience insights

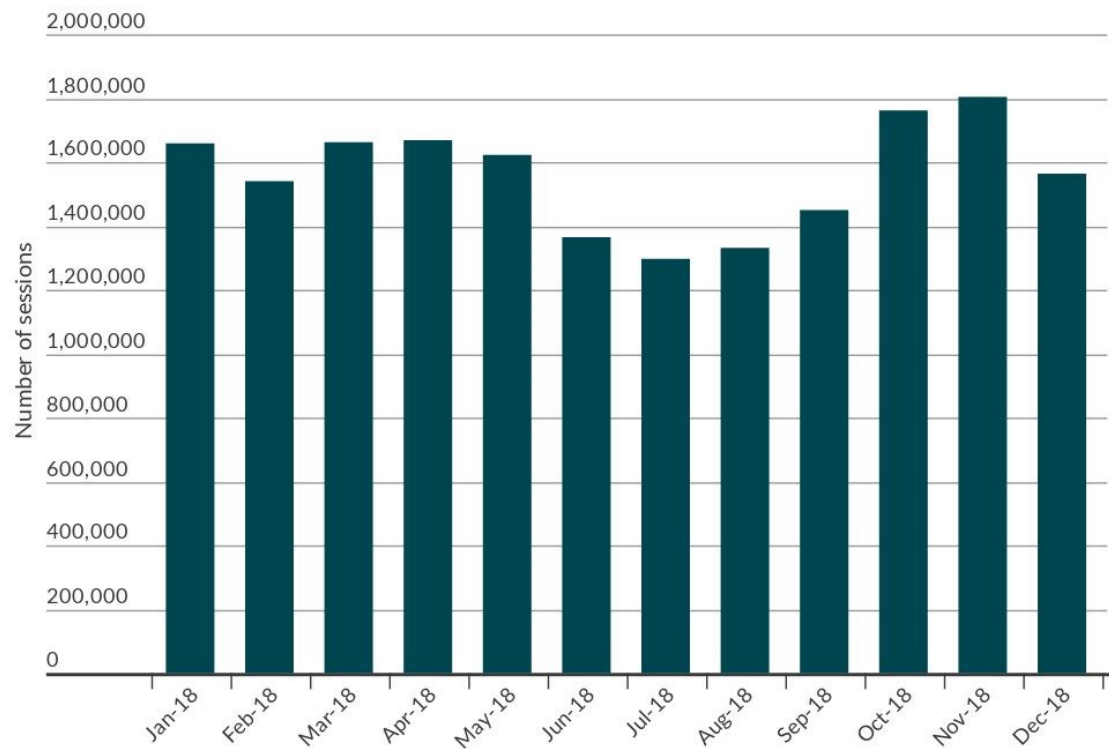
10. The fieldwork for the Reputation Research survey is underway. A survey has been distributed to MPs, with online stakeholder and public surveys to follow at the end of January. In depth interviews will also be conducted with senior stakeholders. Elements of the field work will help support the NICE Connect project and 20th anniversary celebrations.
11. The team will present the findings of the 'Staff and Developer Perspectives: recommendation writing', to the Content Strategy Governance Group in January. This is the final report in a programme of work that looked at guideline users', committee members' and staff/developers' views of recommendations and the guideline development process. It will support the NICE Connect project and also inform the general discussion around how we represent the strength of our recommendations.
12. The review of social care considering what we know about social care and what users think about our social care guidance will be presented to the social care forum this month. The review looked at academic papers, audience insight reports, external surveys and enquiries.
13. The team is working with the media team to conduct an evaluation of the usage of NICE social media channels. A survey will be conducted in January.
14. The team is continuing to work on the following evaluation projects:
 - Evaluation of the patient decision aid on antipsychotic medicines for treating agitation, aggression and distress in people living with dementia.
 - Evaluation of involving people with learning disabilities in the development of two quality standards.
 - Evaluation of the revised Into Practice guide.

Editorial and publishing

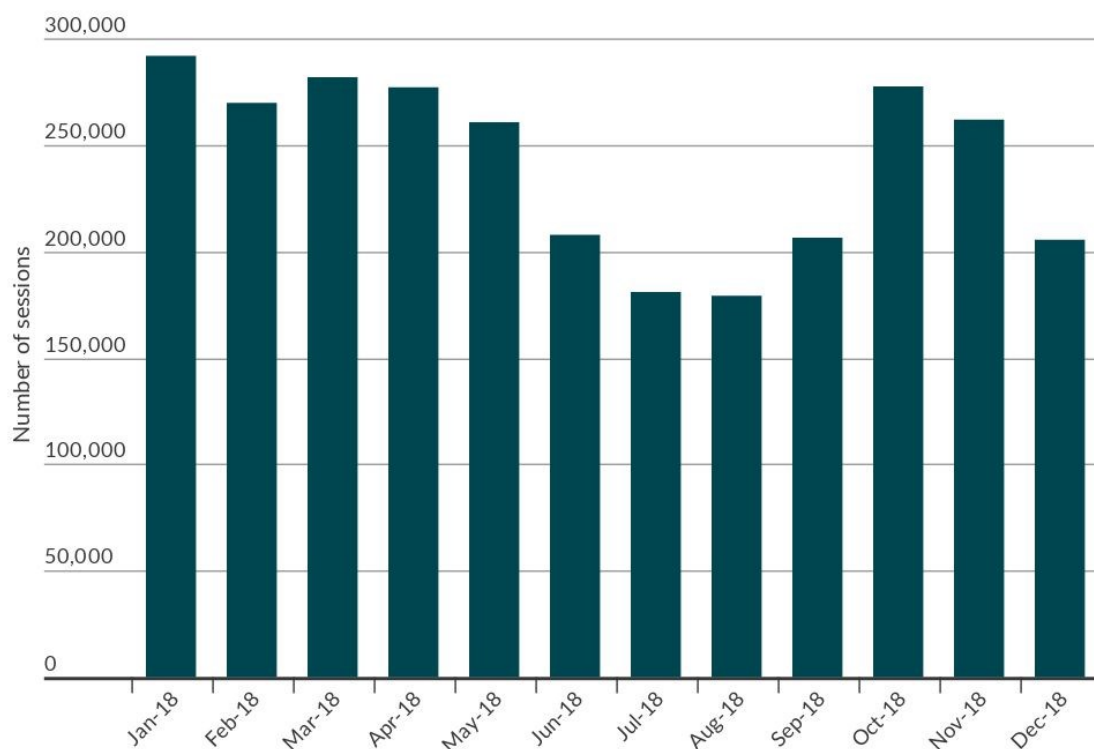
15. We have prepared and published over 230 documents including new and updated guidance, quality standards, evidence documents, and tools and resources. We have also produced 24 pieces of information for the public.
16. We produced visual summaries for 3 guidelines on antimicrobial prescribing - on catheter-associated urinary tract infections, bronchiectasis and acute exacerbations of chronic obstructive pulmonary disease (COPD).
17. A new NICE Pathway has been produced and published, on bronchiectasis: antimicrobial prescribing. The pathways on chronic obstructive pulmonary disease, post-traumatic stress disorder and urinary tract infections received major updates. There are now 263 live pathways available, which consist of 1,861 guidance, advice and CKS products.
18. To further promote the NICE impact reports, we have added links to reports on the tools and resources pages of guidance mentioned in each report. We will monitor the number of times the reports are downloaded from these pages to check that this does increase.
19. Work continues to improve accessibility of the website, to comply with the new 2018 General Data Protection Regulation (GDPR). A 'how to' guide and a series of blogs have been posted to the intranet NICE space. We are also planning training for teams across NICE that produce documents for the website, and for the guideline development centres. We are working with the digital services team on website changes to allow our content to align to new legislation.

Website performance

Number of sessions on nice.org January 2018 to December 2018:



Number of sessions on Pathways January 2018 to December 2018:



Events

20. We are working on plans for a number of events to celebrate NICE's 20th anniversary this year, including a Board dinner, a staff celebration, and a stakeholders' reception. We will also be presenting 20 awards for outstanding contributions to NICE's work as part of the anniversary celebrations.
21. NICE had an exhibition stand in November at the National Children's and Adults' Services (NCAS) Conference where over 1,000 delegates from the social care, health and education sectors came together at Manchester Central. Staff on our stand showcased the social care quick guides, the NICE Quality Improvement Resource and other social care support tools. Our stand staff spoke with delegates about how NICE can support social care providers to ensure high quality care. In November we also had an exhibition stand at the Acute and General Medicine (AGM) conference at London's Excel centre. Over 4,000 delegates attended this leading medical conference for hospital doctors of all grades and specialities.
22. NICE staff spoke at five events during November and December. Paul Chrisp, Director of Centre for Guidelines spoke at the University of Oxford on research impact and gave a keynote speech at the Diabetes Professional Care

Conference, which covered NICE's impact report on diabetes. Heidi Livingstone from the Public Involvement Programme team participated in a panel discussion at the Patient Summit on involving patients in Health Technology Assessments. Kay Nolan from the Centre for Guidelines presented at an international Public Health Action workshop in Berlin, which focused on taking stock of existing evidence and closing evidence gaps. Gill Leng, Deputy CEO, spoke at an Inside Government event focused on Improving Diabetes Care and Prevention.

23. The 2019 NICE annual conference programme, website and ticket sales were launched on 14 November. As of 17 January, 72 delegate tickets have been sold and one exhibition stand has been taken by the NIHR Innovation Observatory. We expect ticket sales to increase as we approach the early bird price deadline on 25 January. Forty-two of the 44 speakers invited to take part in the conference have confirmed so far.

Media

24. In the reporting period we had 86% positive news coverage which was primarily driven by positive coverage of the [CAR-T](#) announcement for children with leukaemia. There was also positive coverage of the [PPRS announcement](#) over faster access to medicines and ongoing coverage of the upcoming [cannabis guidelines](#) was also positive or neutral. Negative coverage was driven by the ongoing campaign for cystic fibrosis drug, Orkambi.

Social media and podcasts

25. On Twitter we now have more than 166,600 followers, an increase of 2% since the last report. In November and December we received 1,548,657 impressions (number of times a post is seen) and 44,825 interactions (likes, shares or replies to a post). Our top tweet came from promoting the draft guideline recommending non-invasive [MRI scan](#) for prostate cancer diagnosis.
26. On Facebook we now have more than 7,000 followers, a 15% increase from the last report. Our posts in November and December received 630,247 impressions and 20,433 interactions. Our top post promoted the Shared Learning award winner, [Sundus Jawad's blog](#) on improving hydration in care homes to reduce the risk of UTIs.
27. On Instagram we now have more than 1,400 followers, a 14% increase since the last report. We received our highest engagement during the week we covered COPD and antibiotics.
28. On LinkedIn we now have more than 11,800 followers and we received 130,866 impressions in November and December. There were 6404 views on our YouTube channel.

29. During World Antibiotic Awareness Week (WAAW) in November 2018 we ran a paid social advertising trial on Instagram and Twitter to promote our content. The adverts (costing about £200) ensure that NICE content was targeted at people who weren't already following NICE. During the awareness week, 84% of our impressions on Instagram came from people who weren't already following NICE. On Twitter, more people engaged with the post - one paid ad received 102 clicks through to the website, the same post had 9 clicks from followers.
30. In January 2018 we launched 'NICE Talks', a podcast that aims to inform our audiences about the work of NICE and promote our products. During November-December, we received a total of 3,701 plays bringing our total plays on SoundCloud up to 14,583 plays. Our original target of 12,000 plays by the end of 2018, was achieved halfway through November, six weeks ahead of the forecast.

Communication directorate objectives 2018-2019:

- Ensure guidance and related products from NICE are of the highest quality.
- To be relevant and authoritative - engaging the media, digital audiences, key partners and stakeholders in NICE's work.
- To encourage and enable our key audiences to discover and implement NICE's work.
- To offer a creative and productive work environment by prioritising team engagement and personal development.
- Inform and engage everyone at NICE including Board members in order to embed a shared understanding of NICE's work.
- Shape and manage our resources in order to support NICE and its strategic objectives effectively and efficiently.

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January 2019

National Institute for Health and Care Excellence

Evidence Resources progress report

1. This report sets out the performance of the Evidence Resources Directorate against our business plan objectives during November and December 2018. It also highlights the usage performance of the NICE Evidence suite of on-line services. Other notable developments during the last 2 months are covered in the last section.
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). Work is underway to implement access to the new content into HDAS and to award the contracts to successful bidders. HEE has subsequently identified funds for a point of care tool as part of the NCC. We are on track to release the invitation to quote in January with a view to awarding the contract in February.

Intellectual Property (IP) and Content Business Management update

5. The objective set out for the team in 2018/19 was to actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content.
6. Over the last two months, the team has continued to respond to requests to re-use NICE content. 21 quotes to re-use NICE content were issued and 12 licences were signed. The total income invoiced for the year-to-date for content re-use services amounts to approximately £195,000.

Digital Services update

7. 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:

8. The Evidence Management platform (delivering web tools for systematic review needs and building an evidence surveillance capability) continues to be developed in a new cloud infrastructure. Plans are in place to increase user adoption and agree the priority features for the next development release. This includes workshops with NICE's Guideline collaboration centres.
9. The Comment Collection project (work to bring efficiencies to the external consultation process) is awaiting a confirmed date for a Government Digital Service (GDS) Service Assessment in January/February. Several ACDs (appraisal consultation document) have now successfully used the tool to collect comments. Work to develop features to support the administration of the consultation process within NICE was completed in December.
10. The procurement of an identity management solution was completed and a contract to support configuration of this for implementation was signed in December. Work will begin in January to plan for roll out to NICE digital services from Quarter 1 2019 onwards.
11. The procurement of consultancy expertise to advise on approaches and supporting technology to enable authoring and management of complex content has begun and will include a review of mature systems. The ability to produce and store guidance in a more structured format will be integral to realising the NICE Connect Project vision.
12. A discovery phase to look at the longer term solution to support stakeholder management at NICE was approved in December and will commence in Q1 2019.

Live services maintenance and improvements:

13. NICE Digital Services operated within the service levels (98%) agreed with DHSC for availability (uptime) with 100% performance in November and December. The team encountered one priority 1 incident in the period with a suspected outage of the externally provided OpenAthens authentication service. This affected access to some gated areas of our services (such as the Journals & Databases service).
14. In November and December, 94 defects were closed. In the same period, 7 Change Control Requests were completed.
15. 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 new service retirement proposal will be put forward to SMT in January 2019.

Team productivity improvement:

16. Recruitment update: Of the seven vacant roles recently advertised, four positions have been offered and accepted to date. Two campaigns (3 roles) were extended and will conclude in January 2019.
17. Talent management update: The Digital Services management team are discussing how to support development opportunities and have identified an online training provider with high coverage in specialist digital training course that they are seeking to procure access to.

Promoting external collaborations:

18. Our current provider of cloud hosting services have met 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 this capabilities and assess their potential to support process improvements.
19. Our joint proposal with Kings College London to research and develop provenance models for guidelines was successful. Work will start in January. These provenance models are seen as important for both maintenance of guidelines and interoperability with systems used across the NHS.

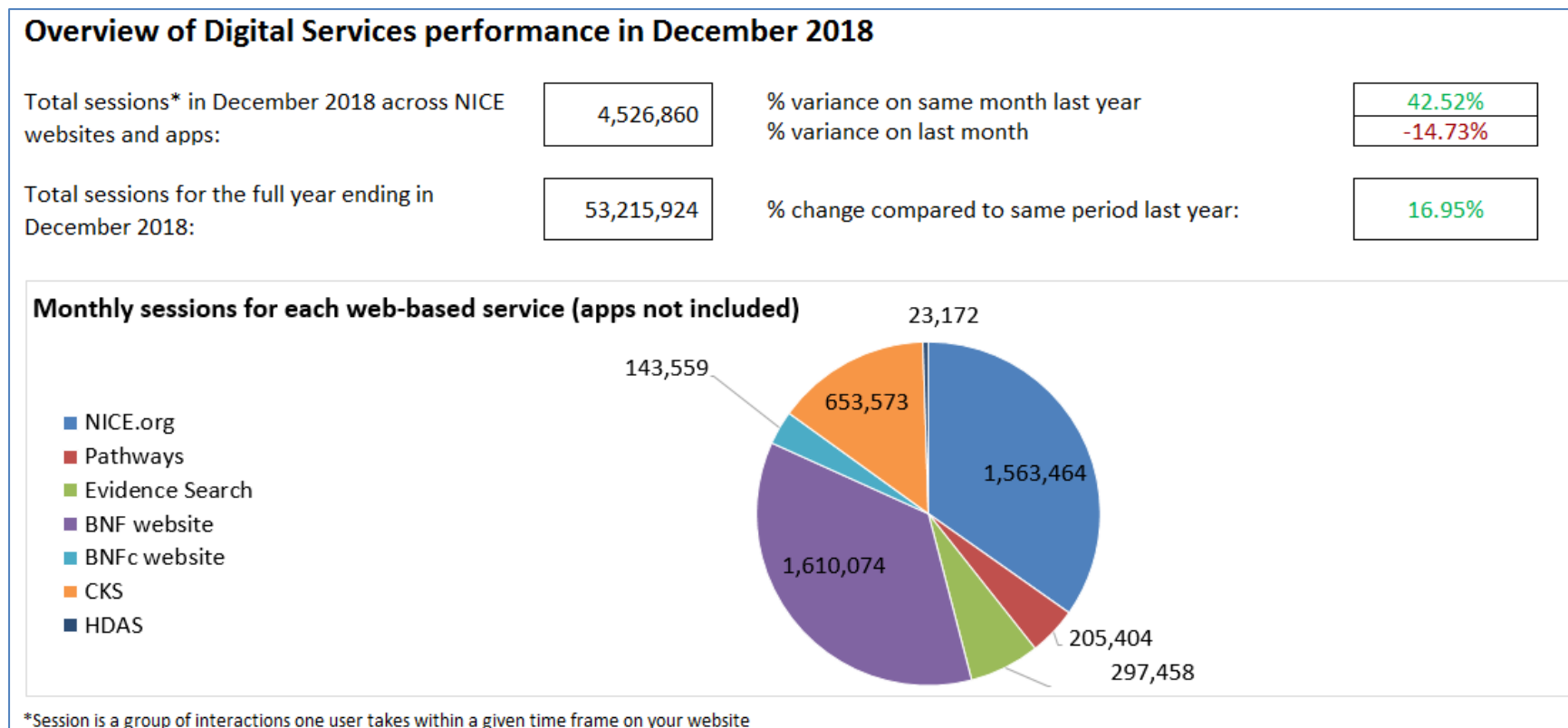
'Evidence for Effectiveness' standards for digital health technologies update

20. 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). This work reached an important milestone in December with the publication of the Evidence Standard Framework for Digital Technologies. The

framework was well received across the system. Comments are being collected. An updated version of the framework, together with case studies and links to educational resources will be published in Q4 2018/19, to coincide with the publication of the new Code of Conduct for Digital Health Technologies by the Department for Health and Social Care.

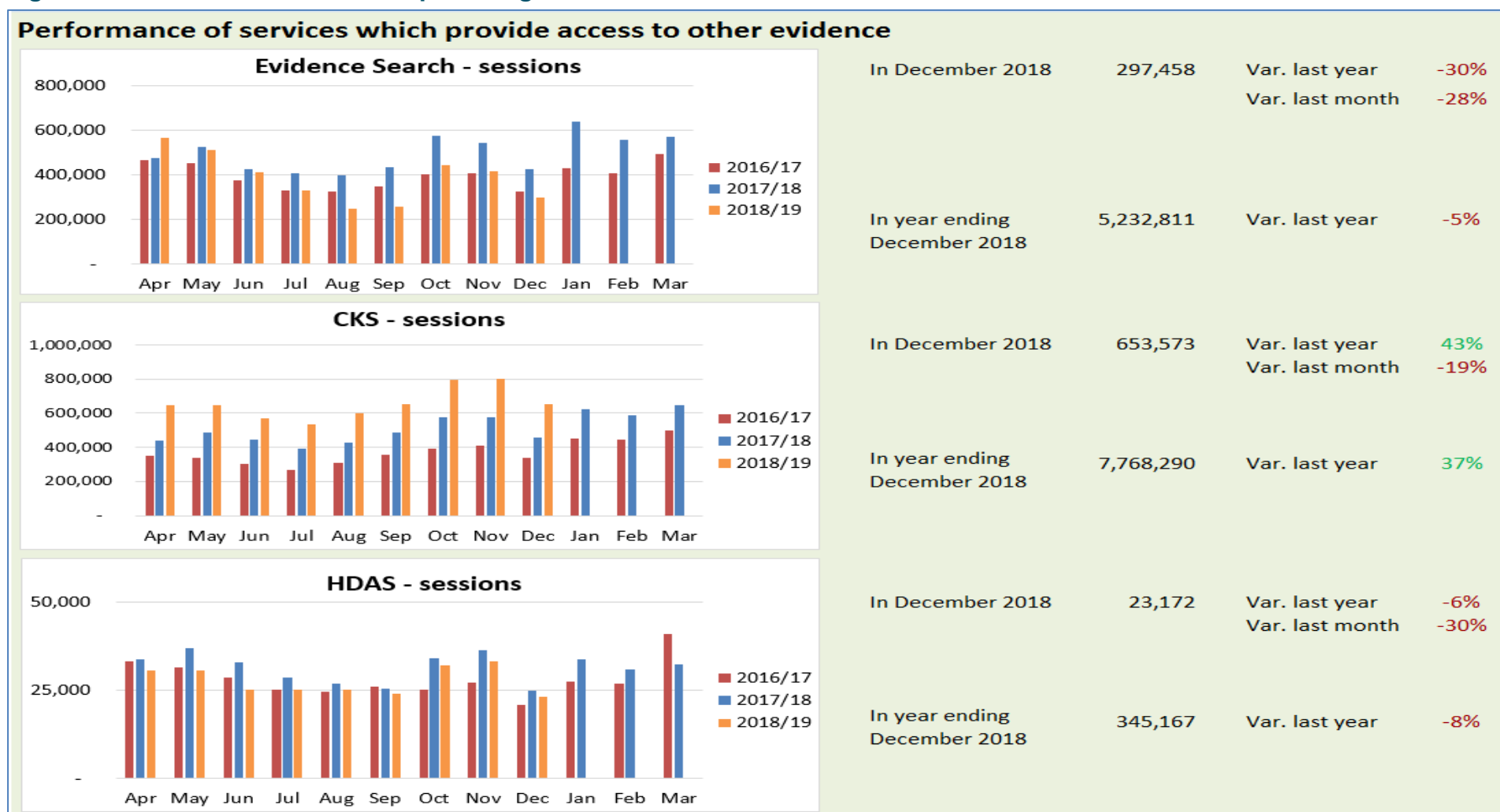
Performance statistics for NICE Evidence Services

Figure 1: Overview of NICE’s digital services performance as of December 2018



21. Figure 1, above summarises the position of all NICE’s digital services at the end of December 2018, exposing the relative size of the different externally facing services of NICE, measured in number of ‘sessions’ (the number of visits to a website within a date range). There were over 53 million sessions across all digital services of NICE in the last twelve months which translates to a 17% increase in comparison with the same period in 2017/18.

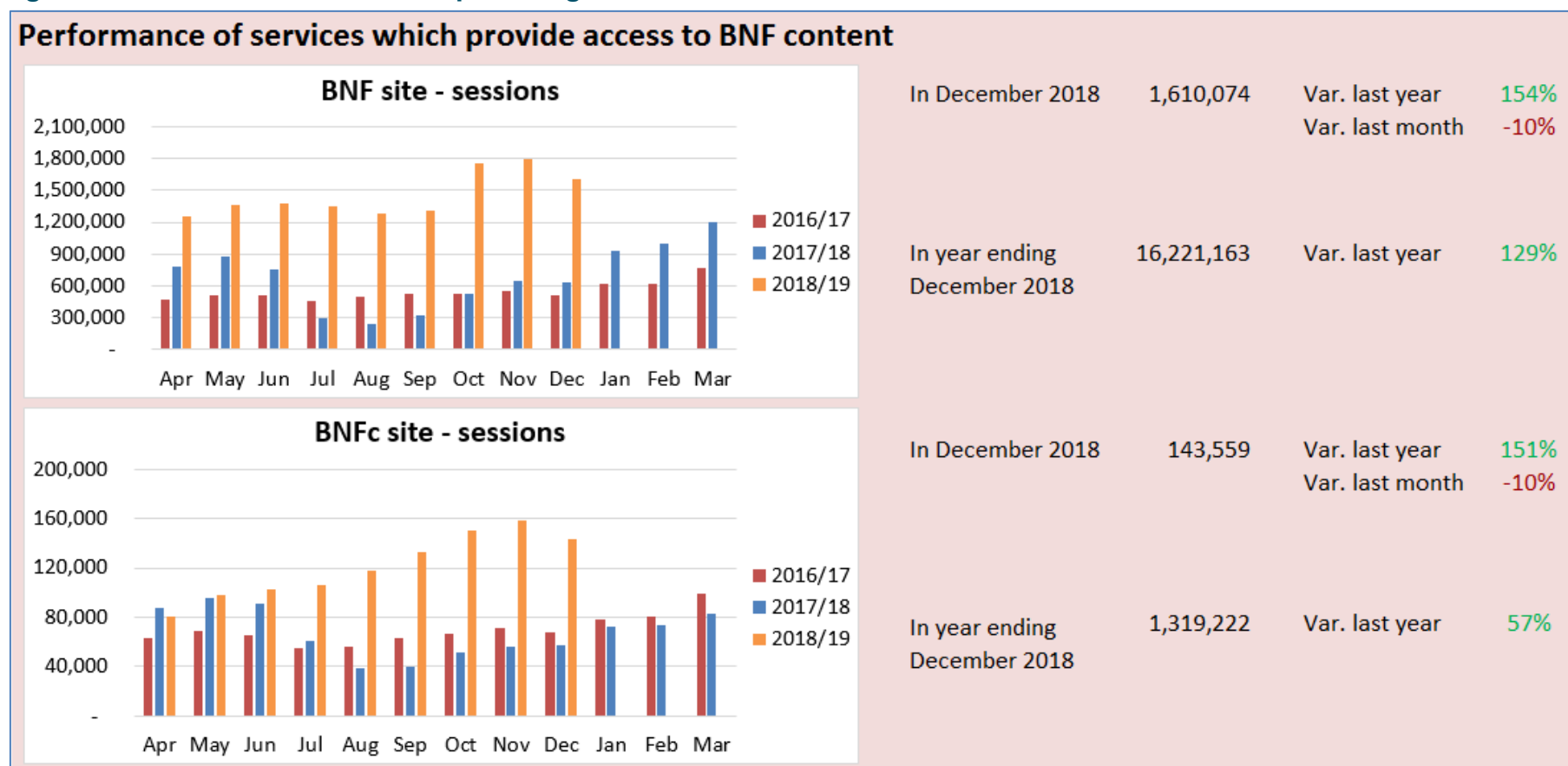
Figure 2: Performance of services providing access to ‘other evidence’ as of December 2018



22. 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. Trends for these three services were:

- CKS continues its strong trend; in comparison with November and December 2017 this service received on average 41% more sessions.
- For the last two months sessions to Evidence Search have continued to decline. While in November this service received 23% fewer sessions than in the previous year, in December it received 30% fewer sessions. Since traffic usually dips deeper in December due to seasonality it is difficult to assess the impact of Christmas and the impact of our attempt to improve traffic through SEO (Search Engine Optimisation). Nevertheless, based on this data, we are giving a higher priority to two cards which contain SEO improvements.
- HDAS continues to be behind last year's sessions (this service received on average 8% fewer sessions in the last two months).

Figure 3: Performance of services providing access to BNF content as of December 2018



23. Figure 3 summarises the performance of our BNF microsites. Besides the usual decline in seasonal traffic in December the BNF and BNFC microsites continue to be popular with over 1.7 million and almost 150 thousand sessions respectively on average.

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National Institute for Health and Care Excellence

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 November and December 2018. 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

Delivery of products as set out in the business plan

2. The directorate successfully delivered a number of key products during November and December 2018 including: 1 adoption support product; 3 decision support tools; 5 medicines evidence commentaries; and 1 quick guide for social care. Details of these publications are given in Appendix 1.
3. The Chief Executive's Report details delivery of quality standards and evidence summaries, and any variation to plan. Information on the other products is outlined below.
4. The following additional products were delivered during November and December. These are on target, ahead of schedule or within the tolerance indicated in the NICE Business Plan Balanced Scorecard at 31 December 2018:
 - 7 weekly medicines awareness services bulletins.
 - 7 shared learning examples.
 - 3 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.

Engagement with the local and national system

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

Healthcare Sector - National

8. The following meetings with national bodies provided an opportunity to share information and agree areas for collaborative working:
- Care Quality Commission (CQC) meetings to discuss engagement between NICE and CQC for the acute hospitals sector with the Chief Inspector of Hospitals, and also with the CQC Senior National GP Adviser to focus on the progress of the CQC's predictive modelling work.
 - The second meeting of the Health Foundation Insight Research Programme Advisory Group. The research programme is primarily concerned with advancing the collection and use of data specifically within national clinical audits, and it is important that it is linked with NICE guidance.
 - The second meeting of the National Quality Board's National Clinical Audit and Patient Outcomes Programme (NCAPOP) Partners Group, co-chaired by NICE, to investigate how poor audit results can be improved at a national level.
 - An initial meeting with the Parliamentary Health Service Ombudsman (PHSO) to explore how we can better support each other. A set of actions and future meetings have been agreed.
9. NICE's Deputy Chief Executive is sponsoring the National Improvement and Leadership Development Strategy condition 3 task and finish group around building quality improvement and capability in the NHS. This work forms part of the strategy refresh and an action plan has been developed to improve the system's capacity and capability for quality improvement.
10. Eight workshops have been held with medical, pharmacy and nursing undergraduate schools as part of the student champion scheme. This reached 127 champions who will cascade learning to their peers.

Healthcare Sector - Regional

11. NICE supported The British Heart Foundation and Cheshire and Merseyside Health and Care Partnership in the development of a blood pressure quality improvement package. The package was successfully piloted and then rolled out locally with the support of NHSE to 450 general practices. It supports practices to follow the NICE guideline on hypertension by incorporating it into an EMIS clinical template; and to conduct an audit using the NICE quality standard and hypertension indicator pack to understand where they need to improve care.
12. NICE delivered a workshop for the North West Coast National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care

(NIHR CLAHRC) on creating a positive environment for improvement and implementation to support local health and care practitioners.

13. NICE continues to support the sustainability and transformation agenda as follows:

- Presented and supported workshop discussions at network events on diabetes for North West Sustainability and Transformation Partnerships/Integrated Care Systems (STP/ICS) and mental health on how to make best use of relevant NICE resources.
- Provided a session for a regional RightCare team that resulted in agreement for future collaboration with a focus on respiratory conditions and the use of the NICE STP frailty resource. We also secured their input into the development of the NICE STP respiratory resources.
- Provided an overview for chief pharmacists and medicines management leads on NICE resources to support transformation and sustainability focussing on the medicines optimisation resource.

14. NICE held a workshop for audit and NICE leads across the West Midlands which focused on the new Into Practice Guide and provided a step by step overview of how to review local approaches to implementation.

Public Health Sector - National

15. The regular Points of Engagement meeting between the Department of Health and Social Care (DHSC), Public Health England (PHE) and NICE discussed 'Prevention is Better than Cure', the next steps for PHE's strategic plan. We also covered a review of the use of NICE guidance in national policy recommendations, as well as guidance to be developed on opioid detoxification and the quality standard (QS) work programme for 2019-20.

16. NICE is supporting PHE in the development of the quality framework for public health. We are also involved in the development of the 'What Good Looks Like' publications, led by PHE and the Association of Directors of Public Health, covering 10 public health themes and targeted at local government.

17. We have had 3 abstracts accepted for the PHE 'Cardiovascular disease prevention conference', in February 2019. We have also published an article on 'Community pharmacies: promoting health and wellbeing' in the Journal of Public Health.

Public Health Sector - Regional

18. NICE contributed to the development of an all-day event with PHE East Midlands and East Midlands Clinical Senate on 'physical activity as a treatment'. We

presented and facilitated discussions on making the case for physical activity as an evidence based treatment option.

19. As a member of the North of England cardiovascular disease (CVD) prevention task and finish group, NICE contributed to the development of an STP/ICS development framework, and discussions to prioritise prevention initiatives in the North.

Social Care Sector - National

20. NICE ran a national social work engagement workshop that had really positive feedback. Discussion focussed on how NICE can work more closely with social work organisations to support social workers' awareness and use of NICE guidance and quality standards, and to support evidence-based social work practice. A number of key social work organisations attended the event, including the Chief Social Worker for Adults, the Principal Social Workers' Network, Social Work England, British Association of Social Work and Joint University Council Social Work Education Committee, and all are very keen to work with NICE. We are now developing plans to take this forward. As a result of the workshop, NICE was invited to join the Chief Social Worker for Adults' advisory group.
21. NICE is working with partners to develop plans for year 2 of Quality Matters. For the action area on 'Supporting improvement', we are developing plans for events to support better collaborative working between health and social care. For the action area on 'Collecting and using data more effectively', we are working with CQC, Skills for Care and NHS Digital on a number of actions which includes agreeing measures of quality and supporting their use locally.

Social Care Sector - Regional

22. NICE provided a session for East Midlands Directors of the Association of Directors of Adult Social Services (ADASS) network. We are also supporting them with the development of performance metrics and have been invited to join their task group focusing on reducing avoidable admissions and delayed transfers of care.
23. NICE provided several workshop sessions for social care providers' networks focusing on using NICE guidance and quality standards to support safety and quality in care homes and the home care setting. Managing medicines continues to be of particular interest.

Support for the digital Improving Access to Psychological Therapies (IAPT) assessment briefings

24. NHSE commissioned NICE to assess up to 14 selected, digitally enhanced therapies for depression and anxiety over 3 years. Assessments use ongoing data collection to determine whether there are improvements in service

efficiency, and whether patient outcomes are at least as good as those achieved by NICE recommended, non-digital therapy. The NICE IAPT expert panel will review the results of IAPT assessments described in an IAPT assessment briefing (IAB). To date, 6 IABs have been produced and 6 are in production. A further 2 notifications have been received and if selected by the expert panel in February 2019, the target of 14 will be met in 2019-20.

Implementation of public involvement review

Early involvement, and finding and using evidence - CHTE 2020

25. As part of our public involvement review we received a number of comments from stakeholders about improvements they wanted to see in how patients and the public could contribute to NICE's health technology assessment programmes. Having presented these comments to the senior staff within the Centre for Health Technology Evaluation (CHTE), the Public Involvement Programme (PIP) is now developing a formal workstream within the CHTE 2020 programme.

26. During the first half of 2019 the PIP will be working with stakeholders to co-design some proposals for improvement (within the constraints of CHTE's processes and methods). As part of this we are holding a workshop in late January 2019. These proposals will be subject to consultation along with the rest of programme manual for CHTE 2020.

Unwarranted variation - relaunch of public involvement web pages

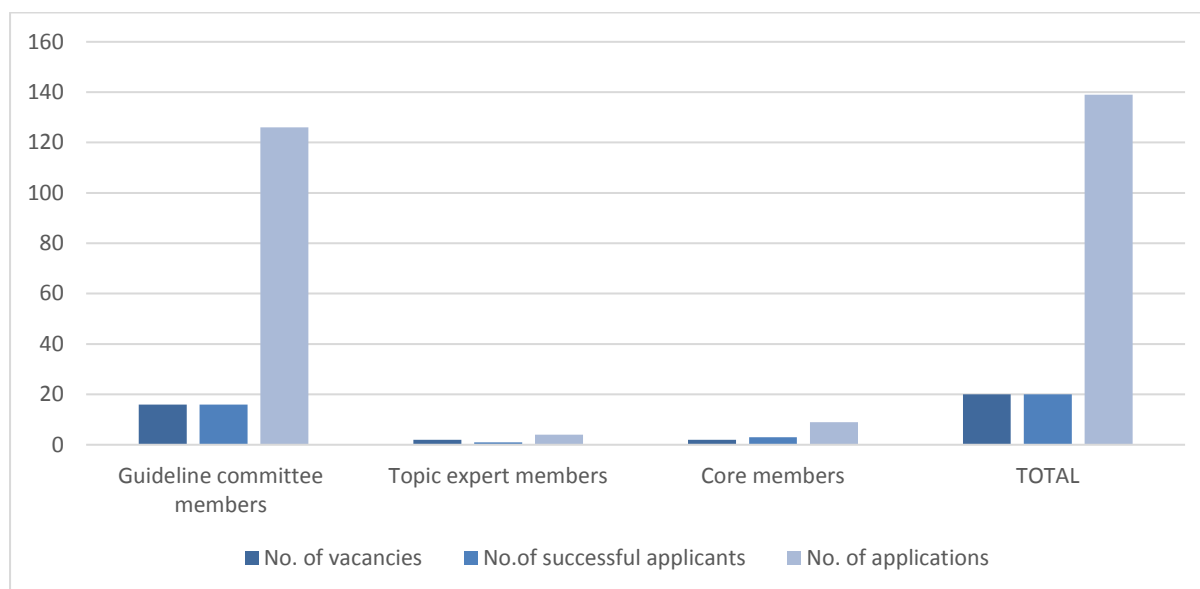
27. The PIP has been working closely with NICE's web team to develop improved web resources for individuals and organisations who want to work with us to offer a lay perspective.

28. The new pages (<https://www.nice.org.uk/about/nice-communities/nice-and-the-public>) are in 2 key sections. The first details how NICE works with patients and the public and how individuals and organisations can get involved in our work. It also describes the impact that working with patients and the public has had on our guidance, and gives details about the PIP.

29. The second section concentrates on how patients and the public can use NICE guidance to support decision-making about their treatment and care. It includes information about people's rights to treatment and what they can do if they are not being offered treatment NICE has recommended. It also links to our shared decision making pages, and information about medicines.

Recruitment of lay people to NICE committees

Figure 1: Patient & public committee member recruitment for the period November and December 2018



30. The ratio of applications to vacancies was 7:1, with the target being 2:1 or greater; 139 applications were received for 20 vacancies. On the first round of recruitment there were no suitable applicants for the 'management of common infections - skin conditions' committee. Discussions are in progress with the developer team about how best to ensure appropriate patient input.

31. In addition 22 patient experts were identified to give testimony at committee meetings and at NICE's Scientific Advice meetings, and 12 people were co-opted as specialist committee members onto Quality Standards Advisory Committees.

Notable issues and developments

32. This section includes significant developments or issues that occurred between November and December 2018.

The NICE Connect project

33. A committee has been established to oversee the development of potential pathways, with members including a range of experts new to NICE, and individuals with previous experience working with us. The first meeting was held in November and the committee received a detailed induction on the drivers and aims of the NICE connect project, and role of the committee in the current proof of concept phase. A high level pathway framework was also discussed. Topics for monthly meetings through the first nine months of 2019 have been planned,

and detailed preparations have been made for the January meeting which will focus on diabetes in pregnancy.

34. Another area of focus in this phase is to develop a greater understanding of what NICE needs to do to make our work interoperable with future digital systems, and detailed scoping work is currently being undertaken. We have generated stakeholder maps to guide our strategy of engagement with others in the system, and our vision and plans have been discussed in detail with a range of external partners. Representatives of NICE's key sponsors and commissioners, regulators and those who commission digital health and care systems, will join us in February for a joint meeting to discuss the work.

Data and analytics

35. Two members of staff are now in post within the new data and analytics team. They have initiated discussions with programmes across NICE to map the current use of data and analytics and identify potential future uses. A range of external relationships are also being developed, and a paper is presented to the Board summarising the progress made and planned next steps.

Implementation Strategy Group

36. Members of the Implementation Strategy Group regarded the NICE connect project as an exciting development and positive step to have joined up care pathways. Their questions, comments and suggestions will be shared internally. Professor Ruth Boaden presented the learning for NICE from the outgoing CLAHRCs. A discussion led by Professor Jane Sandall highlighted key evidence summaries on implementation science and consideration of what we need to know and be able to do to effectively deliver NICE's implementation function; the idea of the development of a curriculum for NICE was proposed.

Quality Standards Programme

37. Quality standards for the 'Care and support of older people with learning disabilities and 'Service model for people with learning disabilities and challenging behaviour' are in development. The first Quality Standard Advisory Committees (QSACs) have taken place and directly involved people with learning disabilities. This work is being evaluated to inform future approaches.
38. During the development of quality standards, the key organisations that represent the public and professionals affected by the topic are identified. These organisations are approached and asked to support the quality standard and undertake activities to promote their use. Positive examples of activity undertaken under this supporting organisation arrangement in December included Endometriosis UK who have worked with the Royal College of Nursing on information booklets and eLearning for nurses including the QS. Work is also

planned to assess use across Clinical Commissioning Groups, develop a patient guide and adapt the QS for use in Scotland.

Supporting Allied Health Professionals

39. The final 2 of 4 national webinars were delivered to allied health professionals (AHPs): 'Implementing NICE guidance - everyone's business' and 'NICE and you as a professional and practitioner'. These were produced in collaboration with NHSE and NHS Improvement, and support AHPs to understand NICE's role, how to use NICE guidance and improve the quality and efficiency of their services. The evaluation and feedback from all the webinars has been extremely positive.

Adoption of technology

40. In October 2018 the Secretary of State for Health and Social Care announced that £2 million would be available for 7 'rapid uptake' products to be supported by the Accelerated Access Collaborative (AAC). Three of these technologies had already been selected for support by the NICE Implementation Collaborative (NIC) which will form part of the AAC offer. The 3 projects are:

- Early detection of acute myocardial infarction using high-sensitivity troponin tests (Roche Diagnostics). This workstream will focus on the implementation of an early or "rapid" protocol using high-sensitivity troponin testing for ruling out non-ST-segment elevation myocardial infarction (NSTEMI) in patients presenting to the emergency department (ED) with cardiac chest pain.
- Faster and more accurate diagnosis of suspected pre-eclampsia using PIGF-based testing leading to better outcomes and identification (Oxford AHSN). This workstream will focus on the development and implementation of a toolkit to support sites to adopt PIGF-based testing in line with NICE guidance.
- Management of familial hypercholesterolaemia (Amgen and Sanofi). This workstream will develop a free to use, ratified and viable service model, enabling organisations to map out different models of care to support decision making on commissioning services for identifying suspected familial hypercholesterolaemia in adults as recommended in CG71.

Public Health training

41. NICE currently has 5 specialty registrars on placement for up to a year working on a range of projects across the Health & Social Care Directorate, the Centre for Guidelines and the Centre for Health Technology Evaluation.

Indicators

42. NICE has established 2 task and finish groups to help inform a review of the current Quality and Outcomes Framework (QOF) indicators for asthma, chronic obstructive pulmonary disease and heart failure. The groups include the relevant National Clinical Directors alongside additional experts.
43. We have been invited to join a national implementation steering group for the CVDPREVENT audit, a planned national audit that will extract routinely held GP data covering the diagnosis and management of 6 CVD conditions (atrial fibrillation, hypertension, cholesterol, non-diabetic hyperglycaemia, diabetes and chronic kidney disease).

Appendix 1: Publications-November/December 2018

The table below provides a list of guidance and advice produced in November and December 2018 by the Health and Social Care Directorate which are not detailed elsewhere. This includes adoption support products (ASP), decision support tools (DST); IAPT assessment briefings (IAB), medicines evidence commentaries (MEC) and social care quick guides (SCQG). The Chief Executive's Report details quality standards and evidence summaries delivered in this period.

Guidance title	Publication date	Product
Adoption support for the Senza spinal cord stimulation system for delivering HF10 therapy to treat chronic neuropathic pain: insights from the NHS.	November 2018	ASP
Urinary tract infection (recurrent): antimicrobial prescribing (NG112)	November 2018	DST
Urinary tract infection (lower): antimicrobial prescribing (NG109)	November 2018	DST
Reducing the chance of recurrent urinary tract infection (UTI) in postmenopausal women	November 2018	DST
Cardiovascular disease: statins for primary prevention in older people, with and without diabetes	December 2018	MEC
New MHRA drug safety advice: September to November 2018	December 2018	MEC
Incidence and cost of medicines-related harm in older people following hospital discharge	November 2018	MEC
Antimicrobial stewardship: Comparative efficacy of antibiotics for Clostridium difficile infection	November 2018	MEC
Depression: the efficacy and acceptability of antidepressants in the acute management of depression	November 2018	MEC
Dementia: discussing and planning support after diagnosis	November 2018	SCQG

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January 2019