NICE National Institute for Health and Care Excellence

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

PUBLIC BOARD MEETING

20 September 2017 at 1.30pm in Heartlands Hospital, Heart of England NHS Foundation Trust, Birmingham, B9 5SS.

AGENDA

17/073	**Apologies for absence** To receive apologies for absence	(Oral)
17/074	**Declarations of interests** To record any conflicts of interest	(Oral)
17/075	**Minutes of the Board meeting** To approve the minutes of the meeting held on 19 July 2017	(Item 1)
17/076	**Matters arising** To consider matters arising from the minutes of the last meeting	(Oral)
17/077	**Chief Executive's report** To receive the Chief Executive's report *Andrew Dillon, Chief Executive*	(Item 2)
17/078	**Finance and workforce report** To receive a report on NICE's financial position to the end of August 2017 and an update on the workforce strategy *Ben Bennett, Director, Business Planning and Resources*	(Item 3)
17/079	**Increasing capacity in the technology appraisal programme** To approve the proposals for consultation *Professor Carole Longson, Director, Centre for Health Technology Evaluation*	(Item 4)
17/080	**Staff survey results and action plan** To review the results and proposed action plan *Ben Bennett, Director, Business Planning and Resources*	(Item 5)
17/081	**NICE Scientific Advice management arrangements** To consider the proposals *Professor Carole Longson, Director, Centre for Health Technology Evaluation*	(Item 6)
17/082	**Public involvement strategic review: development of an Expert Panel** To approve the proposals *Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 7)

17/083	**NICE's contribution to antimicrobial stewardship** To receive an update *Professor Carole Longson, Director, Centre for Health Technology Evaluation / Professor Gillian Leng, Deputy Chief Executive and Director, Health and Social Care Directorate*	(Item 8)
17/084	**Annual equality report** To receive the report *Ben Bennett, Director, Business Planning and Resources*	(Item 9)
17/085	**Directors' report for consideration** Communications Directorate *Jane Gizbert, Director, Communications*	(Item 10)
	Directors' reports for information	
17/086	Centre for Guidelines	(Item 11)
17/087	Centre for Health Technology Evaluation	(Item 12)
17/088	Evidence Resources Directorate	(Item 13)
17/089	Health and Social Care Directorate	(Item 14)
17/090	**Any other business** To consider any other business of an urgent nature	(Oral)

Date of the next meeting
To note the next Public Board meeting will be held on 15 November 2017 in Exeter Corn Exchange, 1 George Street, Exeter, EX1 1BU.

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Annual General Meeting and Public Board Meeting held on 19 July 2017 in the Ark Centre, Basingstoke Hospital, Dinwoodie Drive, Basingstoke, RG24 9NN

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

Professor David Haslam	Chair
Professor Sheena Asthana	Non-Executive Director
Dr Rosie Benneyworth	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
Tom Wright	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
Professor Carole Longson	Centre for Health Technology Evaluation Director

Directors in attendance

Professor Mark Baker	Centre for Guidelines Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Moya Alcock	Associate Director – Corporate Communications and Deputy Communications Director

17/055 APOLOGIES FOR ABSENCE

1. Apologies were received from Jane Gizbert.

17/056 CONFLICTS OF INTEREST

2. David Haslam noted his recent appointment as an unremunerated patron of the Louise Tebboth Foundation, and Tim Irish noted his recent appointment as a Non-Executive Director of Feedback Plc. Both confirmed that their declarations of interests have been amended accordingly.

3. There were no declarations of conflicts of interest in respect of the matters due before this meeting.

17/057 MINUTES OF THE LAST MEETING

4. The minutes of the public Board meeting held on 17 May 2017 were agreed as a correct record.

17/058 MATTERS ARISING

5. Gill Leng updated the Board on the actions arising from the Board meeting held on 17 May 2017. She noted that:

   - Each future uptake report will focus on a specific clinical area, aligning with the innovation scorecard where possible. Contextualising narrative will more clearly outline the impact of the relevant NICE guidance. These regular reports will replace the broader, more detailed, six monthly reports.
   - Due to resource constraints, it is not possible to produce a PowerPoint presentation summarising each new piece of NICE guidance. However, options for improving the visual presentation of NICE guidance are being explored.
   - The Health and Social Care directorate report includes information on NICE's work with the Care Quality Commission (CQC). This is an ongoing priority and features in the engagement metrics that will be reported to the Board.

17/059 CHIEF EXECUTIVE'S REPORT

6. Andrew Dillon presented his report, describing the main programme activities and the financial position to the end of June 2017. At the end of this period, NICE is broadly on target in terms of both outputs and financial performance. Andrew highlighted the recent launch of the Medtech Early Technical Assessment (META) tool, which will help developers of medical devices and diagnostics understand and generate the evidence needed to show their products are clinically and cost effective. The tool is the latest addition to NICE's suite of services that support collaboration between the NHS and life sciences industry.

7. In response to a question from the Board, Carole Longson agreed to further consider how to utilise the Academic Health Science Networks to promote the META tool.

ACTION: Carole Longson

8. The Board received the report.

9. A member of the audience referred to changes in the format of the British National Formulary for the 2016-17 edition and asked consideration is given to the impact on established users when changes are proposed in future.

17/060 ANNUAL REPORT AND ACCOUNTS 2016-17

10. Andrew Dillon presented the annual report and accounts for 2016-17 which have been laid before Parliament, following approval by the Audit and Risk Committee on behalf of the Board. An annual report microsite on the NICE website will include graphics and supporting information, such as case studies of the implementation of NICE guidance.

11. The Board received the annual report and accounts for 2016-17 and formally thanked the Senior Management Team and staff for their achievements.

17/061 FINANCE AND WORKFORCE REPORT

12. Ben Bennett presented the report which outlined the financial position at 30 June 2017 and provided an update on the workforce strategy. At the end of this period there is a total underspend of £0.9m. The forecast outturn for the year is a £1m underspend. This takes account of expected cost pressures in the second half of the year, including to increase capacity in the technology appraisal programme. Ben highlighted that the new Associate Director, Human Resources, joins NICE on 31 July.

13. The Board discussed the role of apprentices across NICE, noting a positive contribution in a range of roles, in administration, finance, human resources, communications and digital services. A number of apprentices have secured further roles at NICE, including higher level apprenticeships and substantive employment. The Board discussed the scope for NICE to offer graduate apprenticeships in scientific and technical roles, and Ben Bennett agreed to explore this further.

ACTION: Ben Bennett

14. The Board received the report.

17/062 ANNUAL WORKFORCE REPORT

15. Ben Bennett presented the annual workforce report, which provided a summary of the workforce profile at 31 March 2017 and issues of note in 2016-17. It was noted that the text on NICE International in paragraph 10 should refer to Imperial College London.

16. The Board discussed a number of issues arising from the report, including the level of turnover in the band 7 roles, NICE's approach to talent management, and the scope to improve the completion of exit interviews. It was noted that due to the high proportion of band 7 roles at NICE, it will not be possible for all staff in this grade to achieve internal promotion, and the turnover in this band includes staff leaving for further career development. It was noted however, that improving the exit interview process would provide further insight into the reasons for this turnover. Ben Bennett confirmed that NICE participates in the Department of Health's talent management programmes. These have focused on senior management to date, but the aim is to extend talent management further into the organisation. The scope for enhancing NICE's support to lesbian, gay and bisexual staff was discussed, with a suggestion NICE considers benchmarking against the Stonewall workplace equality index.

17. The Board received the report. Ben Bennett confirmed that the incoming Associate Director, Human Resources, would consider the scope to address the matters raised by the Board.

ACTION: Ben Bennett

18. In response to a question from the audience, Andrew Dillon explained the changes to NICE's international activities and the departure of the staff previously working for the NICE International programme.

19. A member of the audience asked whether NICE could do more to increase applications from people with a disability. Ben Bennett confirmed this would be considered further by the incoming Associate Director, Human Resources, alongside the other matters raised by the Board.

17/063 REVALIDATION REPORT

20. Gill Leng presented the annual revalidation report that outlined the policies, systems and processes needed to support the appraisal and revalidation of doctors. The report also highlighted the position on revalidation for other registered health and care professionals, and the actions NICE has put in place to address this. Gill thanked Dr Judith Richardson, for her ongoing contribution as Deputy Revalidation Officer.

21. The Board received the report and approved the 'statement of compliance' which confirms that NICE, as a Designated Body, is in compliance with the Medical Profession (Responsible Officers) Regulations.

17/064 PUBLIC INVOLVEMENT STRATEGIC REVIEW

22. Gill Leng presented the report that set out recommendations to enhance NICE's approach to patient and public involvement, following a recent public consultation on proposed changes and improvements. Gill outlined the seven recommendations for improvement, and confirmed draft detailed implementation plans are in place for each. She thanked Victoria Thomas, Head of Public Involvement, and the public involvement team, for their work in developing the proposals.

23. The Board extensively reviewed and discussed the proposals. Board members noted the importance of recruiting members from a wide range of backgrounds to the proposed 'people's panel', and regularly refreshing the membership to ensure the panel continues to provide an outside perspective.

24. There were mixed views on the proposal to discontinue the use of term 'lay' when referring to committee members. It was suggested that adopting the term 'experts by experience', which is used by the Care Quality Commission (CQC), could help avoid any perception that public and patient members have less expert input than clinicians and health and social care professionals. The importance of engaging carers, in order to draw on their expertise and knowledge of the specific health and social care conditions subject to NICE guidance, was also highlighted. There was however some support amongst the Board for retaining the term 'lay', given it is established and well understood.

25. The discussion supported the case for reducing unwarranted variation in public involvement between NICE programmes, whilst recognising where different approaches may be justified and required. Given the importance of public involvement, there was support for a mechanism for the Board to track progress in delivering the proposals. The role and attitude of the committee chair, and the availability of committee reports and draft guidance in plain English, were highlighted as key factors in enabling effective public engagement. The distinction between collecting feedback on people's experience of care and involvement in producing guidance was noted, with online forums and social media suggested as a rich resource for the former.

26. The Board supported the proposals for implementation and agreed the detailed implementation plans should be circulated to the Board for information. There should be a follow-up report to the Board that responds to the comments raised in this discussion, in particular the approach to the 'people's panel', the engagement of carers, the use of social media/online forums, and the mechanism to report progress to the Board.

ACTION: Gill Leng

27. There were comments from the audience on the proposals, including support for the ongoing use of the term 'lay' member. Potential partnership opportunities

were identified, including the public involvement teams in local NHS organisations. In response to a question from the audience, Gill Leng confirmed that the 'people's panel' would not replace open recruitment to committee positions.

17/065 POLICY ON DECLARING AND MANAGING INTERESTS FOR NICE ADVISORY COMMITTEES

28. Gill Leng presented the draft policy on declaring and managing interests for advisory committees. The policy has been developed by a cross-Institute working group and takes account of recent guidance issued by NHS England on managing conflicts of interest in the NHS. Gill summarised the key changes from NICE's existing policy and thanked David Coombs, Associate Director, Corporate Office, for his support in this work.

29. Board members expressed mixed views on the proposals. There was a concern that the policy could undermine NICE's guidance by restricting the ability for those with knowledge and expertise in the specific topic to contribute to guidance development. An alternative approach was suggested, in which risks around a conflict of interest are managed by recruiting members from a variety of viewpoints. The importance of a robust approach to managing interests was however highlighted, in particular to ensure confidence in NICE's guidance where the recommendations may be challenged. It was noted that the proposed policy maintains the existing approach of restricting interests of committee chairs, and there are established mechanisms to ensure the committee comprises sufficient topic specific knowledge. It was agreed there should be a flexible approach to ensure the proportionate management of risk and committees have access to sufficient expertise. The need for a written audit trail of decisions taken regarding interests was noted.

30. Andrew Dillon confirmed the policy does not exclude experts from NICE's work, but seeks to ensure committees are seen to be able to have open and balanced discussions. He recognised the mixed views expressed by the Board and highlighted that the consultation will provide the opportunity to seek feedback on the policy and whether it strikes the right balance on this issue.

31. The Board agreed the policy for consultation, as outlined in the covering paper. The preamble to the consultation should make clear the draft nature of the policy and seek feedback on whether the proposed approach is appropriate.

ACTION: Gill Leng

32. A member of the audience cautioned against excluding those with expertise in the topic, highlighting that research activities in the topic can be an asset to the committee developing guidance. There must be a pragmatic and transparent approach, and the committee chair has a key role in the handling of declared interests.

17/066 – 17/070 DIRECTORS' REPORTS FOR INFORMATION

33. The Board received the Directors' Reports.

17/071 AUDIT AND RISK COMMITTEE MINUTES

34. The Board received the unconfirmed minutes of the Audit and Risk Committee held on 21 June 2017.

17/072 ANY OTHER BUSINESS

35. None.

NEXT MEETING

36. The next public meeting of the Board will be held at 1.30pm on 20 September 2017 in Birmingham Heartlands Hospital, Heart of England NHS Foundation Trust, Birmingham, B9 5SS.

National Institute for Health and Care Excellence

Chief Executive's report

This report provides information on the outputs from our main programmes and for the financial position to the end of August 2017, together with comment on other matters of interest to the Board.

The Board is asked to note the report.

Andrew Dillon

Chief Executive

September 2017

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Chief Executive's report

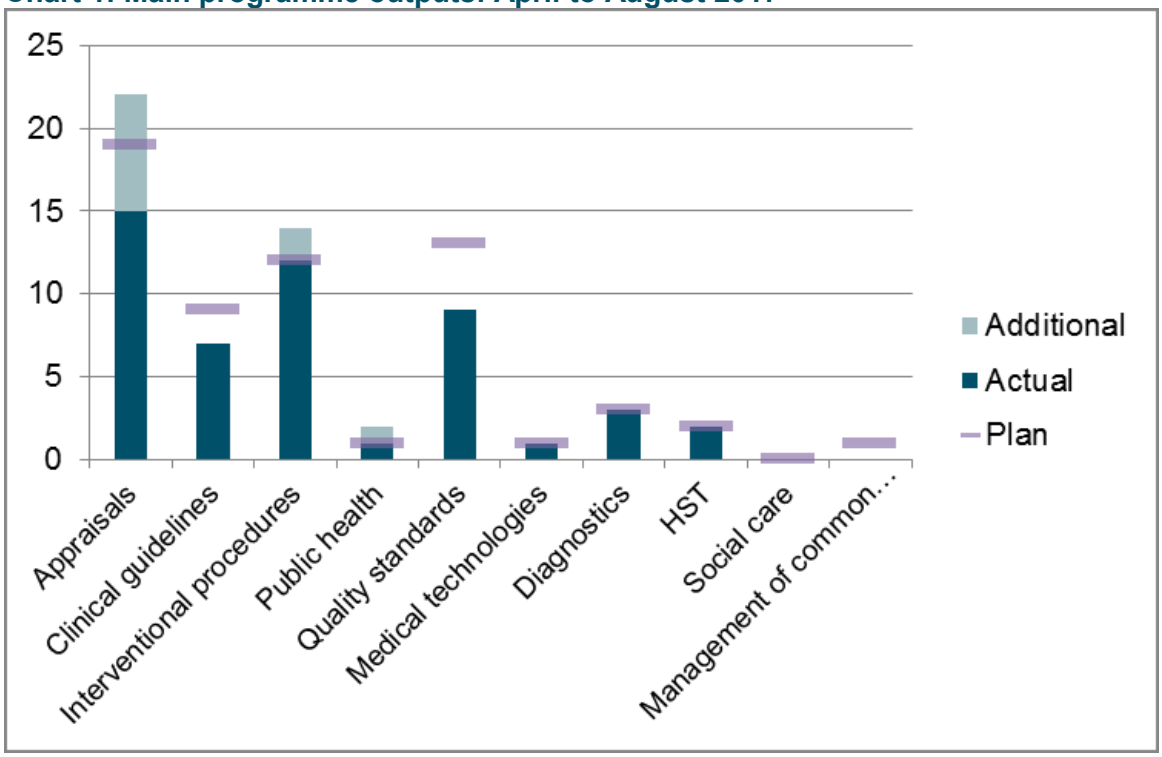
1. This report sets out the performance of the Institute against its guidance, standards and information programmes, for the 5 months ending 31 August. The performance of the Institute against its business plan objectives for the same period is also reported, together with the guidance published since the last public Board meeting in July.

Performance

2. The current position against a consolidated list of objectives in our 2017-18 business plan, together with a list of priorities identified by the Department of Health, is set out in Appendix 1.

3. 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 August 2017 is set out in Charts 1 and 2, below.

Chart 1: Main programme outputs: April to August 2017



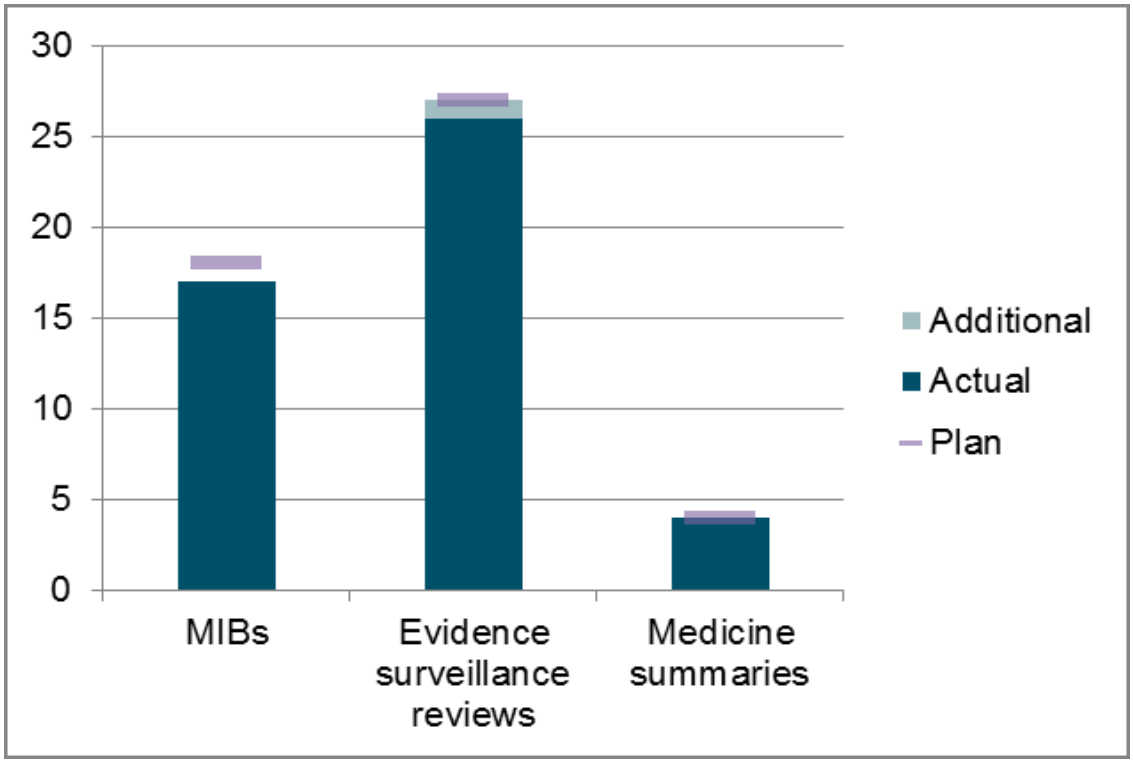
Notes to Chart 1:

a) IP refers to Interventional procedures (new surgical procedures)
b) HST refers to the highly specialised technologies programme (drugs for very rare conditions)
c) Medicines summaries consist of both summaries (information on indications, harms and costs) of newly licensed medicines, and advice on the use of licensed medicines in diseases and conditions for which they are not licensed
d) The variance is the difference between the target output for the reporting period, as set out in the business plan and the actual performance
e) '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

4. 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 July is set out Appendix 4.

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

Chart 2: Advice programmes main outputs: April to August 2017



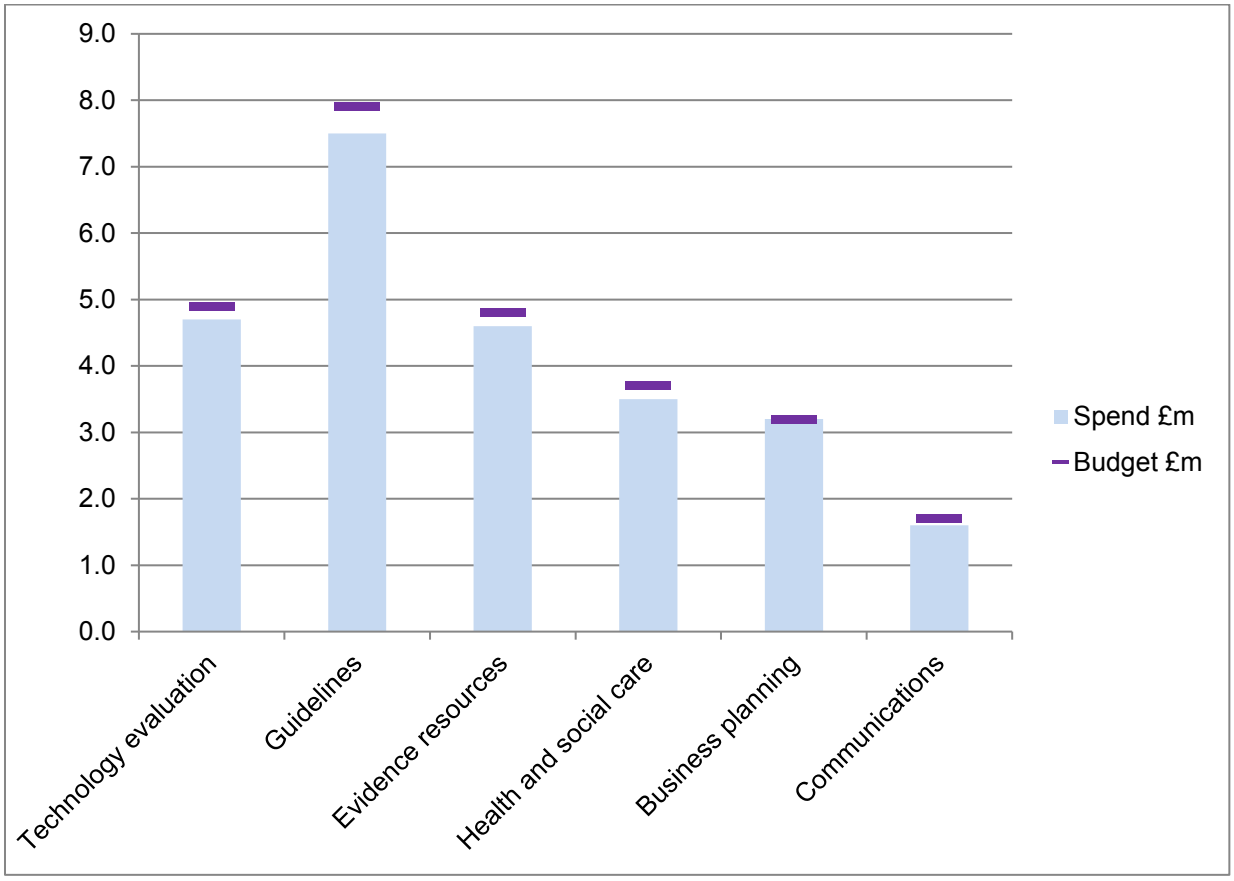
Notes to Chart 2:

a) MIBs (medtech innovation briefings) are reviews of new medical devices
b) QP (Quality and Productivity) and Cochrane reviews report on opportunities for making better use of resources
c) Medicines summaries provide information on new medicines and on the unlicensed or off label use of medicine

Financial position (Month 5)

6. The financial position for the 5 months from April to the end of August 2017 is an under spend of £1.4m (6%) (£0.9m (7%) at the end of June), against expenditure (taking into account projected income) of £27m. Non pay is under spent by £0.4m (3%) against budget. Pay is £1m (7%) under spent against budget. The position of the main budget 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 June 2017 (£m)



Appendix 1: Business objectives for 2017-18

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. The table below consolidates and tracks progress with the main elements of these influences on our work in 2017-18.

Objective	Actions	Update
Guidance, standards, indicators and evidence		
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan and in accordance with the metrics in the balanced scorecard	• Deliver guidance, standards, indicators and evidence products and services, in accordance with the schedule set out in the Business Plan • Ensure performance meets the targets set in the balanced scorecard	• Details of the main programmes' performance against plan, including explanations for any variances are set out elsewhere in this report.
Implement changes to methods and processes in the technology appraisal programme	• Obtain stakeholders' perspectives on methods related to managing uncertainty and structured decision making • Deliver further improvements to the operation of Committee decision making • Subject to the outcome of consultation, implement the joint NICE-NHSE proposals for changes to the technology appraisal and highly specialised technologies programmes, introducing more flexible, rapid, risk-based appraisal processes • Develop methodological guidance, and internal capacity and capability for 'real world' data development and analysis	• Targeted engagement with stakeholders on methods aspects is planned for Q2 2017-18. • Implementation of enhancements to appraisal committee operations already identified is ongoing. CHTE 2020 project has been initiated aiming to review and, where necessary, optimise all CHTE guidance and advice processes. • Implementation of changes to the Technology Appraisal programme and Highly Specialised Technologies evaluation programme commenced on 1 April 2017.

Objective	Actions	Update
		• Initiation of CHTE work related 'real world data' activity is planned for Q3/4 2017-18.
Refine and implement new methods and processes to accelerate the development of updated clinical, public health and social care guidelines	• Establish 6 internal capacity slots for updating guidelines, using new accelerated methods and processes • Implement new staffing structure and functions in the Centre for Guidelines • Review and revise methods and processes for accelerated update outputs • Develop and implement new scoping and post-consultation validation methods and processes to support the development of guideline updates in-house. • Establish pre-development recruitment of guideline committee chair and expert members to support scoping	• The new structure is in place and three guidelines have been commissioned using the new process. • The new scoping process has been initiated for the three new commissions. • New methods for updating will be developed as part of the revision of the Manual.
Enhance methods for developing and maintaining guidelines	• Continue to develop the methods and processes of guideline development to maintain and enhance NICE's reputation for methodological quality and efficiency in guideline development. • Establish and maintain links and networks with external research initiatives, organisations and projects to address our methodological needs and ensure our methods continue to reflect internationally-recognised best-practice. • Establish new staffing structure and functions to support health economics across the Centre for Guidelines	• A formal process has been instituted for the revision of the Manual of methods and processes. • The revised arrangements for health economics have been implemented. • Recruitment has commenced for the GP reference panel and the first commissions agreed. • An implementation plan has been developed to take forward changes to patient and public engagement, following discussion with the Board at its July meeting. Further

Objective	Actions	Update
	• Develop a NICE GP Reference Panel to advise on the scoping of guidelines. • Implement any changes agreed following the consultation on the NICE approach to patient and public engagement	detail has been prepared for the Board on the operation of the Expert Panel.
Deliver the suite of NICE evidence services, which meet the evidence information needs of health and social care users and partner agencies	• Maintain and make measurable improvements to the component services of NICE Evidence Services • Procure and maintain the underpinning Link Resolver and Identity Management services • Manage content procurement contracts (Clinical Knowledge Summaries (CKS), Cochrane), including those on behalf of HEE (National Core Content), to plan	• Implementation of the new Link Resolver contract is underway and progressing to plan with completion expected in October 2017. • Visits to the NICE BNF microsite have dropped since the launch of the new microsite in June 2017. A drop in referrals from search engines (due to an expected delay in Search engines re-indexing our new site) is believed to be the driver alongside the launch of the new BNF publisher open access app. Progress is being monitored. • The procurement of CKS is concluding with the re-appointment of the incumbent supplier.
Implement the relevant aspects of the Government's industrial strategy for the life sciences industries, taking account of the recommendations in the final report of the Accelerated Access Review	• Assess and report to the Board on the financial, operational and reputational implications of the Accelerated Access Review (AAR) and the Government's life sciences strategy, for NICE guidance programmes • Develop an implementation plan and report to the Board on progress	• Progress on developing an implementation plan was held pending development of the Government's Life Sciences strategy, to which we actively contributed. • Internal teams continue to focus on the requirements of the AAR, and are planning to take forward the recommendations when the Government response to the AAR is available and the internal NICE AAR

Objective	Actions	Update
		Implementation Group continues to meet regularly to plan for this. • Work has started to establish the Accelerated Access Partnership Programme Office at NICE. • Changes to NICE's appraisal process, to increase capacity will be considered by the Board at its September meeting.
Adoption and Impact		
Deliver a programme of strategic and local engagement	• Work with local health and care systems to promote the use of NICE guidance and quality standards, measured against agreed standard metrics • 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 is underway to progress work against new metrics (see the Health and Social Care Directorate progress report). • Reports on progress will be provided to the Board on a 6 monthly basis.
Evaluate the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	• Produce a twice yearly uptake and impact report • Consult with the research community through the Implementation Strategy Group (ISG) to stimulate evaluation of implementation and improvement science	• The 6 monthly reports are being replaced by shorter, topic-focussed reports, which will be brought to the Board for each public meeting. • The ISG met in June 2017 and considered how to encourage more research into implementation, and how to get the best out of the NICE Field Team.
Promote NICE's work and help users make the most of our products by providing	• Develop the use of graphics and images to help explain guidance and related products	• A number of staff in the Communications Directorate and elsewhere across NICE are developing skills in image/graphics design.

Objective	Actions	Update
practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	• Building on the new Social Care Quick Guides, develop new online summaries for other forms of guidance which are short, concise and use infographics and multimedia techniques • Redesign the current resource used by practitioners to help make savings, improve productivity and promote optimal use of interventions • Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making (SDM) Collaborative • Develop the resource impact support team to enable it to deliver the budget impact assessments required as part of the changes to the TA and HST programmes	Recruitment for a dedicated graphic designer is underway after we were unable to appoint in the first round of interviews. • Work is underway to develop 'quick guide' summaries and other secondary products for public health. • The online savings and productivity resource has been focussed onto key products. This is accompanied by wider work with key partners, including NHS Right Care, to support the use of our work on disinvestment. • Progress is being made in relation to NICE's commitments linked to the Shared Decision Making (SDM) work, including the referral of a guideline on SDM. A meeting of the SDM Collaborative was held in June, and all parties agreed a focus on musculo-skeletal disease during 2017/18. Other general ideas will inform an updated action plan. • The work of the resource impact team is being developed in line with plans. We have consulted on, and finalised, an updated manual to inform this work.
Promote collaboration on digital initiatives and content strategy across ALBs and with academic	• Support NHS Digital in the development and adoption of common standards, taxonomies and language across ALBs • Maintain an ongoing relationship with the nhs.uk project (re-development of NHS Choices)	• NICE has joined the Professional Record Standard Board (PRSB) Advisory Board. The PRSB's mission is to support the development of standards in clinical records. The PRSB are working closely with NHS

Objective	Actions	Update
establishments and other external stakeholders	• Fully capitalise on existing relationships with specialists in the evidence management field and extend to other potential partners • Identify partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems. This may involve academic and regional collaborations • Support NHS England to deliver the digital IAPT pilot programme (Improving Outcomes in Psychological Therapies)	Digital to support the adoption of SNOMED standards across the NHS. This is an opportunity for NICE to understand if and how SNOMED should play a role in adding structure and meta-data to NICE content. • Partnership working continues with the EPPI-Centre in UCL on the development of evidence management and surveillance solutions. Co-authored posters will be presented at the Global Evidence Summit in September 2017. • Good progress is being made with the digital IAPT pilot, and two topics have been identified by the IAPT Panel to take forward to the next stage. This will include development of IAPT Briefings, prior to adoption into the pilot programme. • In collaboration with Health Innovation Manchester, work has started to explore the potential of establishing a Manchester based "Data Laboratory" as a vehicle for progressing opportunities from digital technologies in evidence generation and guidance production. • A digital roundtable meeting was held in July 2017, chaired by the Health and Social Care Director, to consider methods and policy issues relating to evaluating digital products, with attendees from NHS England, Public Health England, government, clinicians,

Objective	Actions	Update
		researchers and academics, to explore whether a special approach would need to be taken to developing evidence and evaluation methods, for digital products.
Create a structured and coordinated approach for working with and listening to stakeholders	• Roll out a customer relationship management (CRM) system to support and monitor engagement with stakeholders and to help deliver tailored communications • Develop a new interactive online newsletter with content tailored for key audiences • Explore opportunities to develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs • Implement a social media strategy to increase engagement and drive traffic to corporate content • Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management	• The tender process for a new customer relationship management system is on schedule. The tender was advertised in August and we are reviewing the responses. • Newsletters continue to evolve and are being promoted more heavily after analysis showed that people who read news stories via links on newsletters engaged more actively (spent longer on the page, looked at more pages and were more likely to engage with the guidance) than readers from other sources. • Whilst longer term options for personalised content on the website are being explored, work is underway to refresh the communities' pages on the website. The new pages will be promoted from the homepage and will be more visually engaging with relevant content tailored to the specific audience. • The social media guide for staff has been published and promoted. The social media strategy is well embedded in practice in the Communications directorate. Interactions with social media channels continue to

Objective	Actions	Update
		increase. Regular updates of audience insights and analytics are made in reports to the Board.
Deliver new digital service projects, maintain NICE's existing digital services and implement service improvements based on user insights and service performance	• Deliver digital service projects in line with the agreed investment priorities for 2017-18 • Maintain the NICE Digital Services to agreed service levels (service availability and time to defect resolution) • Maintain digital services performance indicators in line with business priorities and user insights • Translate data and observations about the performance of NICE Digital Services into actionable improvement proposals and implement in line with business priorities	A number of projects completed over the last 2 months: • The strategic review of MAGIC, a 3rd party guidance authoring tool, reported to the Senior Management Team in July resulting in approval to deploy MAGIC on a specific programme, the Antimicrobial Prescribing Guidelines. Through the APG programme, NICE will establish whether the MAGIC technology can meet the long term needs of NICE. • Work to upgrade the search technology underpinning all of our services completed at the end of August 2017. A number of projects are under way: • A project to refresh UK Pharmascan reporting is nearing completion but launch has been postponed due to resource shortage during the holiday period. • Work to build automated testing capabilities for our developers is nearing completion (end of September). • Work to upgrade our evidence management tools in partnership with UCL is entering a

Objective	Actions	Update
		new phase and is being further extended to the end of October 2017. • Work to bring efficiencies to the external consultation process started in July. Initial work will be subject to an assessment by Government Digital Services in September. • A business analysis and costing project to identify the key areas of potential efficiency along the guidance development process, with a view to guide further investment decisions, started in August 2017.
Operating efficiently		
Operate within resource and cash limits in 2017-18. Actively manage the appropriate application of any non-recurrent funding as early as practicable in the financial year.	• Deliver performance against plan for all budgets monitored and reported to the Senior Management Team and the Board	• Balanced budget set for 2017/18 with adequate contingency to minimise risk of exceeding resource or cash limits. We are on target to operate within our resource and cash limits. Further information is available in the finance and workforce report.
Implement the second year of a three year strategy to manage the reduction in the Department of Health's Grant-In-Aid funding and plan for a balanced budget in 2017-18	• Centres and directorates identify the savings expected from them in order enable the Institute to manage within the reduced Grant in Aid funding received from DH, by April 2018 • Management of change exercises completed in accordance with the schedule determined by the Senior Management Team	• Plans in place for delivery of year 2 savings programme. • Key management of change projects completed according to schedule and expected to deliver savings as planned. Further minor changes in progress according to plan.

Objective	Actions	Update
Subject to Ministerial approval put in place arrangements to charge the cost of the technology appraisal programme to industry users, from April 2018	• If approved, put in place designed and tested financial and operational arrangements by December 2017 • If approved, ensure that charging arrangements are able to go live from April 2018	• Detailed proposals are currently with Treasury for approval with support of DH, which are subject to Treasury and Ministerial approval. • Plans are in place to commence the detailed work needed to operationalise the proposals when approval is given. • Contingency plan in place should approval not be given. More detailed work will commence if cost recovery does not go ahead or is subject to further delay.
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance	• Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK, including permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services • Articulate and promote NICE's value propositions involving knowledge sharing with international organisations interested in NICE's expertise and experience	• The Senior Management Team of NICE has approved a programme of work to refresh and standardise the copyright statement attached to NICE material. Over time, this will help promote the terms under which NICE's content can be re-used in the UK and overseas. • The NICE service offer associated with content re-use and the provision of an international delegation services will be published on the NICE website in September 2017. • The NICE Scientific Advice team have taken on the delivery of a small piece of advisory work for the Vietnam Social Security, funded by the Foreign Commonwealth Office (FCO).

Objective	Actions	Update
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	• All staff have clear objectives supported by personal development plans • Put in place implementation plans for relevant NICE workplace guidance • 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 2016 level • Put in place resources to support staff through Management of Change exercises	• Workforce strategy in place with associated operational plan for HR. • Health and Wellbeing group well established and includes implementation of NICE workplace guidance on its agenda. • Annual staff survey 2017 is reported elsewhere on this agenda, 79% of staff rated NICE as a good or excellent place to work (78% in 2016). • Resources in place for further management of change
Promote a culture of continuous improvement within the organisation and uphold the ambition to remain a world-renowned organisation, benchmarking where possible its systems.	• Identify the programmes which might be suitable for benchmarking and assess what, if any, international benchmarking is possible by September • Identify 10 publications in peer reviewed international journals which assess and provide an opinion on one or more aspects of NICE's work and submit to the Board for consideration in December	• In progress. • A review of publications is underway and a long list of suitable candidates has been identified.

Appendix 2: Extracts from the Directors' reports

Director	Featured section	Section/ reference
Health and social care	The Sustainable Development Unit, funded by NHS England and Public Health England, has commissioned NICE to develop an approach for assessing the environmental impact of NICE recommendations in 4 published NICE guidance products. A survey has been developed to identify likely audiences and seek their views on the importance of assessing environmental impact. This will be accompanied by an example report and calculator developed to evaluate the environmental impact of implementing the medicines optimisation guideline (NG5).	Section/para 3
Guidelines	Work towards an updated guidelines manual is progressing well, and new text has been developed in a number of areas including significant updates to the quality assessment chapter. A virtual external reference group has been established and experts in a range of relevant areas have contributed suggestions on areas for development. The full updated manual is scheduled for Board consideration in March 2018, ahead of public consultation.	Section/para: table 1, page 8
Health technology evaluation	Following Board approval in March 2017, the TA programme has now implemented the new Fast Track Appraisal (FTA) process. Two appraisal topics have now been selected to be assessed through the FTA process; ID952 - Aflibercept for treating myopic choroidal neovascularisation and ID903 - Golimumab for treating non-radiographic axial spondyloarthritis. As reported in the July 2017, we are implementing the arrangements for the budget impact test in both the technology appraisal (TA) and highly specialised technologies (HST) programmes. The 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. Sixteen appraisals have been assessed for the budget impact test so far. The projected budget impact for all these appraisals are below the £20 million test. The Association of British Pharmaceutical Industry (ABPI) have applied for a judicial review against the implementation of the budget impact test and the introduction of QALYS in HST methodology.	Section/para 9-11

Evidence resources	The strategic review of MAGIC, a 3rd party guidance authoring tool, reported to the Senior Management Team in July resulting in approval to deploy MAGIC on a specific NICE programme, the Antimicrobial Prescribing Guidelines. Through the APG programme, NICE will establish whether the MAGIC technology can meet the long term needs of NICE. Work to upgrade our evidence management tools in partnership with UCL is entering a new phase and is currently being further extended to the end of October 2017. The objective of new phase of work is to redesign the core architecture of the tool to enable surveillance capabilities to be developed for NICE. Work to bring efficiencies to the external consultation process started in July. A first phase of work was completed with a working prototype. Initial work will be subject to a formal assessment by Government Digital Services in September.	Section/para: Table 1
Communications	Throughout July and August our team has led on the preparation of a project plan and budget to oversee the delivery of the G-I-N event. Marketing and sponsorship plans have also been drafted and are currently under review before implementation in October 2017. As hosts of the conference the external communication team have produced a communication strategy and plan to promote engagement in the event both internally for staff and externally among our stakeholders.	Section/para 9
Finance and workforce	The forecast outturn for the year is a net spend of £53.6m against a £55.5m budget, resulting in a £1.9m (4%) under spend. This position assumes the under spend on pay due to vacancies and non-pay costs such as travel and subsistence will continue but reduce in magnitude. However, it is expected that there will be some cost pressures in the second half of the financial year relating to increasing the capacity of the Technology Appraisal programmes and any potential transition costs arising from delivering the NICE 2020 savings programme. This current assumption is a £1.4m cost pressure, shown as expected expenditure against reserves.	Section/para: 15

Appendix 3: Guidance development: variation against plan April 2016 – August 2017

Programme	Delayed Topic	Reason for variation
Clinical Guidelines	2 topics delayed	Urinary tract infections in under 16's (standing committee update): Delayed due to additional health economic work being required. Publication now due in September 2017 (Q2 2017-18).
		Familial hypercholesterolaemia (standing committee update): Delayed due to additional health economic analysis being required. Publication now due in October 2017 (Q3 2017-18).
Interventional procedures	No variation against plan 2017-18	
	2 additional topics published in 2017-18, that was not planned for this financial year	Sacrocolpopexy using mesh to repair vaginal vault prolapse: Delayed due to a resolution request being received. Published June 2017 (Q1 2017-18).
		Hysteroscopic sterilisation by insertion of intrafallopian implants: This guidance was published in July 2017 but has temporarily suspended until the appropriate regulatory authorisation for Essure, a product referred to in the guidance, is in place.
Medical technologies	No variation against plan 2017-18	
Public Health	No variation against plan 2017-18	
	1 additional topic published in 2017-18, that was not planned for this financial year	Sexually transmitted infections - Condom distribution schemes: Publication date moved in order to resolve Public Health England cobranding issues. Published April 2017 (Q1 2017-18).
Quality Standards	4 topics delayed	HIV testing: Guidance Executive discussion postponed due to agenda pressures. Publication now due in September 2017 (Q2 2017-18).
		Rehabilitation after critical illness: Guidance Executive discussion postponed due to agenda pressures. Publication now due in September 2017 (Q2 2017-18).

Programme	Delayed Topic	Reason for variation
		Transition between inpatient mental health settings and community and care homes: Additional work required with NHS England. Publication now due in September 2017 (Q2 2017-18).
		Sepsis: Publication rescheduled to coincide with World Sepsis Day on 13 September 2017 (Q2 2017-18).
Diagnostics	No variation against plan 2017-18	
Technology Appraisals	4 topics delayed	Sorafenib for advanced hepatocellular carcinoma (review of TA189) [ID1012]: Delayed due to receipt of factual accuracy request received from the company. Anticipated to publish in September 2017 (Q3 2017-18).
		Naltrexone-bupropion (prolonged release) for managing overweight and obesity [ID757]: Following receipt of an appeal, publication date for final guidance is to be confirmed.
		Palbociclib in combination with an aromatase inhibitor for previously untreated metastatic, hormone receptor-positive, HER2-negative breast cancer [ID915]: The company requested that development of the FAD be suspended so that it can make a further submission including an improved patient access scheme. NICE has agreed that the appraisal can be referred back to the Appraisal Committee. Anticipated to publish in January 2018 (Q4 2017-18).
		Pirfenidone for treating idiopathic pulmonary fibrosis (review of TA282) [ID837]: Following receipt of an appeal, publication date for final guidance is now to be confirmed.
	7 additional topic published in 2017-18, that was not planned for this financial year	Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based chemotherapy: Published as a terminated appraisal in May 2017 (Q1 2017-18).
		Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma: Published as a terminated appraisal in July 2017 (Q2 2017-18).
		Bortezomib for treating multiple myeloma after second or subsequent relapse: Published as a terminated appraisal in July 2017 (Q2 2017-18).

Programme	Delayed Topic	Reason for variation
		Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation: Published as a terminated appraisal in July 2017 (Q2 2017-18).
		Methylnaltrexone bromide for treating opioid-induced constipation: Published as a terminated appraisal in August 2017 (Q2 2017-18).
		Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia: Published as a terminated appraisal in August 2017 (Q2 2017-18).
		Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia: Published as a terminated appraisal in August 2017 (Q2 2017-18).
Highly Specialised Technologies (HST)	No variation against plan 2017-18	
Social Care	No variation against plan 2017-18	
Management of Common Infections	1 topic delayed	Acute rhinosinusitis: Timelines were paused while the process was being reviewed which led to a delay in publication, which is now due at the end of October 2017 (Q3 2017-18).

Appendix 4: Guidance published since the last Board meeting in July

Programme	Topic	Recommendation
Clinical Guidelines	Parkinson's disease in adults	General guidance
	Developmental follow-up of children and young people born preterm	General guidance
	Type 2 Diabetes prevention (standing committee update)	General guidance
	Advanced breast cancer: diagnosis and treatment (standing committee update)	General guidance
Interventional procedures	Hysteroscopic sterilisation by insertion of intrafallopian implants	Standard arrangements (guidance currently suspended)
	Transcatheter aortic valve implantation for aortic stenosis	Standard arrangements
	Laparoscopic insertion of a magnetic titanium ring for gastro-oesophageal reflux disease	Special arrangements
	Biodegradable spacer insertion to reduce rectal toxicity during radiotherapy for prostate cancer	Standard arrangements
	Radiofrequency treatment for haemorrhoids	Special arrangements
	Liposuction for chronic lymphoedema	Standard arrangements
Medical technologies	No publications	
Diagnostics	Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care	3 tests recommended for adoption; 2 tests not recommended
Public Health	No publications	
Management of Common Infections	No publications	
Social care	No publications	
Quality Standards	Low back pain and sciatica in over 16s	Sentinal markers of good practice
	Chronic kidney disease in adults (update)	Sentinal markers of good practice
Technology Appraisals	Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma	Recommended
	Roflumilast for treating chronic obstructive pulmonary disease	Recommended

Programme	Topic	Recommendation
	Adalimumab and dexamethasone for treating non-infectious uveitis	Recommended
	Collagenase clostridium histolyticum for treating Dupuytren's contracture	Recommended
	Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane	Recommended
	Carfilzomib for previously treated multiple myeloma	Recommended
	Ustekinumab for moderately to severely active Crohn's disease after previous treatment	Recommended
	Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people	Recommended
	Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma	Terminated appraisal
	Bortezomib for treating multiple myeloma after second or subsequent relapse	Terminated appraisal
	Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation	Terminated appraisal
	Ofatumumab with chemotherapy for treating chronic lymphocytic leukaemia	Terminated appraisal
	Idelalisib with ofatumumab for treating chronic lymphocytic leukaemia	Terminated appraisal
	Methylnaltrexone bromide for treating opioid-induced constipation	Terminated appraisal
	Holoclar for treating limbal stem cell deficiency after eye burns	Recommended
	Baricitinib for moderate to severe rheumatoid arthritis	Recommended
	Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma	Recommended within CDF
	Bisphosphonates for treating osteoporosis	Recommended
	Cabozantinib for previously treated advanced renal cell carcinoma	Recommended
	Eluxadoline for treating irritable bowel syndrome with diarrhoea	Recommended
`	Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck	Recommended
Highly Specialised Technologies (HST)	Asfotase alfa for treating paediatric-onset hypophosphatasia	Optimised

Programme	Topic	Recommendation
Evidence summaries	Early breast cancer (preventing recurrence and improving survival): adjuvant bisphosphonates	Summary of best available evidence
Medtech Innovation Briefings (MIB)	VEST external stent for coronary artery bypass grafts	Summary of best available evidence
	Urethrotech UCD for difficult or failed catheterisation	Summary of best available evidence
	Biopatch for venous or arterial catheter sites	Summary of best available evidence
	FreeStyle Libre for glucose monitoring	Summary of best available evidence
	L-Dex U400 for lymphoedema after breast cancer treatment	Summary of best available evidence
	Arctic Sun 5000 for therapeutic hypothermia after cardiac arrest	Summary of best available evidence
	Nasal Alar SpO2 sensor for monitoring oxygen saturation by pulse oximetry	Summary of best available evidence
	FebriDx for C-reactive protein and Myxovirus resistance protein A testing in primary care	Summary of best available evidence
	Fungitell for antifungal treatment stratification	Summary of best available evidence
Evidence Surveillance Reviews	Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition	Surveillance review decision
	Transition between inpatient mental health settings and community of care home settings	Surveillance review decision
	Vitamin D: increasing supplement use in at-risk groups	Surveillance review decision
	Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over	Surveillance review decision
	Immunisations: reducing differences in uptake in under 19s	Surveillance review decision
	Workplace health: long-term sickness absence and incapacity to work	Surveillance review decision

Programme	Topic	Recommendation
	Workplace health: management practices	Surveillance review decision
	Osteoarthritis: care and management	Surveillance review decision
	Depression in children and young people: identification and management	Surveillance review decision

National Institute for Health and Care Excellence

Finance and workforce report

This report gives details of the financial position as at August 2017 and information about the workforce.

The Board is asked to review the report.

Ben Bennett

Director, Business Planning and Resources

September 2017

Performance

1. Table 1 summarises the financial position as at 31 August 2017. There is a full analysis in Appendix 1.

Table 1: Financial position at 31 August 2017

	Year to date (31 August 2017)				Estimated Outturn (31 March 2018)			
	Budget £m	Expenditure £m	Income £m	Variance £m	Budget £m	Expenditure £m	Income £m	Variance £m
Guidance & Advice	21.4	21.0	(0.6)	(1.0)	53.6	53.8	(1.8)	(1.6)
Corporate	5.2	5.4	(0.3)	(0.1)	12.8	13.4	(0.8)	(0.2)
Scientific Advice	(0.1)	0.5	(0.6)	(0.0)	(0.2)	1.4	(1.8)	(0.1)
Other Income	(4.9)	0.0	(4.9)	0.0	(12.0)	0.0	(12.0)	0.0
Reserves	0.3	0.1	0.0	(0.2)	1.3	1.4	0.0	0.0
Grand Total	**21.9**	**27.0**	**(6.5)**	**(1.4)**	**55.5**	**70.0**	**(16.4)**	**(1.9)**

2. Table 1 above shows a total under spend of £1.4m (6%) to the end of August. This is primarily attributable to vacant posts and under spends on travel, software/license costs and committee costs. The full-year forecast position estimates that the current rate of under spend will reduce and the full-year outturn will be £1.9m under spent. The capital allocation of £0.5m for 2017/18 has been confirmed. To date, £0.16m has been spent on upgrading the office facilities in Manchester and new furniture and fittings, with a further £0.08m commitment made on refurbishment works in the Manchester office.

3. The NICE 2020 project continues to develop savings plans to balance the budget in future years. This will dovetail with the formal 2018/19 business planning and budget setting process, which launches this month.

4. Progress on the implementation of the workforce strategy is detailed in Appendix 2. It includes information and updates relating to transformational change, resourcing, maximising potential, pay and reward and the culture of the organisation.

Financial Position as at 31 August 2017

5. The total expenditure during April to August 2017 was £27.0m and income recognised was £6.5m. Thus the net expenditure was £20.5m, which was £1.4m (6%) lower than the budget of £21.9m. The under spend comprised of:

    - £1.0m pay under spend arising from vacant posts.
    - £0.4m under spend on non-pay budgets, in particular travel, software/license costs and committee costs.

6. Appendix 1 shows in detail the financial position and forecast outturn by centre and directorate. Directors receive detailed monthly reports on the budget performance of their directorates and SMT review the summary position.

Pay

7. Total pay expenditure to 31 August 2017 was £13.5m, which was a £1.0m (7%) under spend against budget. During August the total number of vacancies was 59 whole time equivalents (wte), or 9% of the total establishment.. The high level of vacancies is a consequence of the restructures over the last year. Many of these vacancies are expected to be filled in the coming months.

8. The net number of staff directly employed fell by 5 wte in the 5 month period from March 2017 (602 wte) to August 2017 (597 wte). This reduction is mainly attributable to redundancies (20) as a result of the recent restructures. The balance of 15 posts is due to the normal turnover of staff, with 47 new starters and 32 leavers during this period.

Non-Pay expenditure

9. Total non-pay expenditure to 31 August 2017 was £13.5m, which was a £0.4m (3%) under spend against budget.

10. Of this, travel and subsistence (staff and non-staff) budgets were £116,000 (15%) under spent, mainly as a result of the number of vacancies and fewer than expected committee meetings taking place during the 5 month period. Other budgets relating to committees are also under spent, including payments to attendees (for example committee chairs, experts and lay members) which under spent by £77,000 out of a budget of £495,000 and the external meeting room budget which is £36,000 under spent against a budget of £245,000.

11. Other under spends include £50,000 arising whilst the indicator development contract within the Quality and Leadership team transitions to a new provider and the digital services development budget for external contractors being

£112,000 under spent against a total year to date budget of £395,000. The latter is a variable cost depending on the projects being worked on during the period and the monthly under spend is not expected to continue.

Income

12. Total income recognised as at 31 August 2017 was £6.5m. Of this, there was income related to agreements we have in place with the devolved administrations (£0.8m), NHS England (£2.7m) and Health Education England (£1.7) to use NICE services and products or fund programmes within the organisation.

13. The other income received relates to the Scientific Advice programme (£0.6m), subletting office space (£0.3m), receipts from research grants (£0.2m), and income from the Office for Market Access, intellectual property & content and secondment reimbursements (£0.1m).

14. Scientific Advice generated a £70,000 surplus after staff costs and other expenditure and after making a £86,000 contribution to overheads. This surplus is projected to grow to £147,000 by the end of the financial year, with additional revenues expected to be generated following the launch of the Medtech Early Technical Assessment (META) tool in July 2017.

Forecast outturn

15. The forecast outturn for the year is a net spend of £53.6m against a £55.5m budget, resulting in a £1.9m (4%) under spend. This position assumes the under spend on pay due to vacancies and non-pay costs such as travel and subsistence will continue but reduce in magnitude. However, it is expected that there will be some cost pressures in the second half of the financial year relating to increasing the capacity of the Technology Appraisal programmes and any potential transition costs arising from delivering the NICE 2020 savings programme. This current assumption is a £1.4m cost pressure, shown as expected expenditure against reserves in Table 1 above and Appendix 1.

Capital Expenditure

16. The confirmed capital allocation for 2017/18 is £0.5m. To date £39,000 has been spent on new meeting room pods in the Manchester office. A further £121,000 has been spent on refurbishing works in the Manchester office during the summer. Table 2 details commitments and expenditure to date and shows further commitment of £81,000 to Manchester office refurbishment works. Allowing for these known items, there is a remaining capital budget of £0.3m for 2017/18.

Table 2: Current capital expenditure commitments 2017/18

Item	Value (£'000)
Capital allocation	518
Prior year adjustment (IT hardware not received)	19
Spend to date (Glass pods and laptop bars)	(39)
Spend to date (Manchester refurbishment fees)	(121)
Commitment (Manchester refurbishment)	(81)
Balance	**296**

17. It is expected that there will be future capital purchases for a Customer Relationship Management system for use by the Communications directorate and upgrading IT hardware and antivirus software.

Payments performance

18. NICE has a target of paying 95% of creditors within 30 days (Better Payment Practice Code - BPPC). Table 3 shows that in July 83.8% of invoices by value were paid within the 30 days. This was due to two large invoices requiring foreign payments (which take longer to be paid) and other invoices that required additional information from suppliers before approval for payment. August has seen the target exceeded at 96.0% (volume of invoices) and 98.7% (value of invoices). Therefore the cumulative target for the year has been met as at 31 August 2017. A total amount of £15.4m (1,256 invoices) has been paid to suppliers, with £14.9m (1,193 invoices) being paid within the 30 day target.

Table 3: Summary year to date BPPC statistics

Month	Total number of invoices paid	Number of invoices paid within 30 days	Paid within 30 days (%)	Total invoices paid (£000's)	Paid within 30 days (£000's)	Paid within 30 days (%)
APR-17	245	235	95.9%	1,593	1,587	99.6%
MAY-17	239	231	96.7%	2,415	2,409	99.8%
JUN-17	207	192	92.8%	4,710	4,646	98.6%
JUL-17	292	273	93.5%	2,291	1,921	83.8%
AUG-17	273	262	96.0%	4,379	4,324	98.7%
	1,256	**1,193**	**95.0%**	**15,388**	**14,887**	**96.7%**

Receipts performance

19. Table 4 below shows a summary of the amounts owing to NICE and the age of those debts. The total owing was £1.5m as at the 31st August 2017. Of this

£0.6m (38%) is classified as current which means the debtors are still within the required payment terms. The majority of aged debt relates to core funding from NHS England (£1.0m) due to delays in signing of the MOUs and so is low risk with regards to receiving payment. The remaining balances relate to Scientific Advice income generating activities.

20. NICE debt management is outsourced to Shared Business Service who continue to chase outstanding debt on a regular basis. Outstanding debt is also regularly reviewed internally within NICE, written off when required and included on the losses and compensation register.

Table 4: Debt by days overdue as at 31 August 2017

Days overdue	Amount unpaid	
	£'000	%
Current (within payment terms)	560	38%
1 - 30 Days	171	12%
31 - 60 Days	642	43%
61 - 90 Days	58	4%
> 90 Days	47	3%
Total	**1,479**	**100%**

NICE 2020 and Business Planning

21. NICE 2020 is the name given to the strategic project tasked with finding savings (which includes alternative income sources) to offset the 30% reduction in NICE's grant-in-aid funding from the DH over the current spending review period to 2019/20. A summary of the progress to date is given here. Overall the project is risk rated "green".

22. Table 5 details the baseline deficit projection of the savings required to achieve the 30% budget reductions, the savings achieved to date and the phasing of further planned savings.

Table 5: Savings achieved and planned

	2016-17 £m	2017-18 £m	2018-19 £m	2019-20 £m
Baseline Deficit Projection	-0.2	-4.4	-8.2	-13.3
Cumulative Savings achieved to date	1.2	5.0	5.3	5.6
Savings required			2.9	7.7
Expected budget variance Surplus / (Deficit)	**1.0**	**0.6**	**0.0**	**0.0**

23. There are no further NICE 2020 updates to provide in this report as no major savings projects are planned to commence until later in the financial year. The annual business planning and budget setting process for 2018/19 will commence this month, with the first draft of the business plan likely to be available in December.

Appendix 1 Summary of financial position

The table below is a summary of the financial position per centre and directorate as at 31 August 2017.

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	2,766	2,452	(314)	(11%)	6,640	6,215	(424)	(6%)
	Non pay	5,425	5,323	(102)	(2%)	13,658	13,918	200	1%
	Income	(298)	(305)	(8)	(3%)	(645)	(875)	(229)	(36%)
	Total	**7,893**	**7,470**	**(424)**	**(5%)**	**19,653**	**19,258**	**(454)**	**(2%)**
Centre for Health Technology Evaluation	Pay	3,645	3,413	(231)	(6%)	8,883	8,427	(456)	(5%)
	Non pay	1,614	1,596	(18)	(1%)	5,074	5,316	243	5%
	Income	(295)	(261)	34	12%	(697)	(833)	(137)	(20%)
	Total	**4,964**	**4,748**	**(216)**	**(4%)**	**13,260**	**12,909**	**(350)**	**(3%)**
Health and Social Care	Pay	2,945	2,844	(101)	(3%)	7,129	6,989	(140)	(2%)
	Non pay	807	715	(92)	(11%)	1,938	1,827	(110)	(6%)
	Income	0	(8)	(8)	--	0	(16)	(16)	--
	Total	**3,752**	**3,552**	**(200)**	**(5%)**	**9,067**	**8,800**	**(267)**	**(3%)**
Evidence Resources	Pay	2,012	1,913	(99)	(5%)	5,032	4,803	(229)	(5%)
	Non pay	2,803	2,730	(73)	(3%)	6,661	6,271	(390)	(6%)
	Income	(41)	(41)	0	1%	(99)	(100)	(2)	(2%)
	Total	**4,774**	**4,602**	**(172)**	**(4%)**	**11,594**	**10,973**	**(621)**	**(5%)**
Subtotal Guidance and Advice		**21,384**	**20,372**	**(1,011)**	**(5%)**	**53,573**	**51,941**	**(1,692)**	**(3%)**

Centre / Directorate		Year to Date				Estimated Outturn			
		Budget £000s	Expenditure £000s	Variance £000s	Variance %	Budget £000s	Expenditure £000s	Variance £000s	Variance %
Communications	Pay	1,431	1,411	(20)	(1%)	3,543	3,430	(113)	(3%)
	Non pay	230	168	(62)	27%	442	378	(63)	(14%)
	Income	0	0	0	--	0	0	0	--
	Total	**1,661**	**1,579**	**(82)**	**(5%)**	**3,984**	**3,808**	**(176)**	**(4%)**
Business Planning and Resources	Pay	1,085	1,086	1	0%	2,638	2,622	(17)	(1%)
	Non pay	2,448	2,438	(9)	(0%)	5,971	5,961	(11)	(0%)
	Income	(330)	(333)	(3)	(1%)	(793)	(794)	(1)	(0%)
	Total	**3,202**	**3,191**	**(11)**	**(0%)**	**7,817**	**7,788**	**(29)**	**(0%)**
Depreciation / Capital Adjustments	Non pay	367	328	(39)	(11%)	1,000	1,000	0	0%
	Total	**367**	**328**	**(39)**	**(11%)**	**1,000**	**1,000**	**0**	**0%**
Subtotal Corporate		**5,230**	**5,098**	**(132)**	**(3%)**	**12,801**	**12,596**	**(205)**	**(2%)**
Scientific Advice	Pay	388	405	18	5%	930	1,079	149	16%
	Non pay	121	132	11	9%	290	368	78	27%
	Income	(594)	(623)	(29)	(5%)	(1,425)	(1,799)	(374)	(26%)
	Total	**(85)**	**(86)**	**(0)**	**n/a**	**(205)**	**(352)**	**(147)**	**n/a**
Other Income	Income	(4,935)	(4,932)	4	0%	(11,965)	(11,965)	0	0%
	Total	**(4,935)**	**(4,932)**	**4**	**(0%)**	**(11,965)**	**(11,965)**	**0**	**0%**
Reserves	Pay	243	0	(243)	(100%)	224	0	(224)	(100%)
	Non pay	69	77	8	11%	1,107	1,382	274	25%
	Total	**313**	**77**	**(236)**	**(75%)**	**1,332**	**1,382**	**50**	**4%**
NICE Grand Total	**Pay**	**14,514**	**13,525**	**(990)**	**(7%)**	**35,019**	**33,565**	**(1,455)**	**(4%)**
	Non pay	**13,884**	**13,507**	**(376)**	**(3%)**	**36,141**	**36,420**	**220**	**1%**
	Income	**(6,493)**	**(6,502)**	**(9)**	**(0%)**	**(15,624)**	**(16,383)**	**(759)**	**(5%)**
	Total	**21,905**	**20,530**	**(1,375)**	**(6%)**	**55,536**	**53,602**	**(1,994)**	**(4%)**

Appendix 2 Workforce Strategy Update

The workforce strategy was approved at the July 2015 Board meeting. Work is continuing to progress activities in all five areas of the Workforce Strategy 2015/18. The table below provides a summary of activity that is currently underway.

Transformational change	
• Enabling change • Business and workforce planning	The HR team is now proactively engaging with directorates to support workforce planning and in anticipation of future change programmes.

Resourcing	
• Recruitment • Retention • Innovation	Apprentices The HR team held a successful tender process for apprenticeship providers and has appointed The Apprentice Academy and Babington Group as our providers of future apprenticeships. The providers shared a similar ethos of putting apprentice success at the heart of their proposition. They have a range of support for candidates from a diverse range of backgrounds and are committed to supporting line managers. Recruitment NHS Business Services Authority (our outsourced recruitment provider) is continuing its IT Discovery Project with Accenture to source a new recruitment system. The HR team is continuing to work with BSA to ensure the new provider will meet our needs. We are concurrently embarking on a strategic review of our recruitment processes to identify how the process can be simplified and improved for candidates and recruiting managers.

Appendix 2 (continued)

Maximising potential	
• Leadership and management • Managing performance • Succession planning and talent management	Learning and development We are continuing to support staff with their development, and in the 2017 staff survey, 72% of staff said that NICE is committed to their learning, training and development (an increase from 67% last year). In the past few months we have endorsed applications to the 2025 Healthcare Leaders Scheme, Future Leaders Scheme and Senior Leaders Scheme. We are continuing to run in-house programmes including first line management and recruitment and selection, and we have gone through a procurement exercise to bring our project management training on-site, which has enabled us to make significant cost savings as well as offering the training to more people. We have been working with CHTE to develop bespoke training programmes run on site in the NICE Manchester office in Clinical Trials in October and November. This has enabled a cost saving for NICE compared to offering the training offsite. Appraisals The annual appraisal window has now closed. At the time of the staff survey, 91% of staff reported that they had received (or booked) and appraisal, or were not due to receive an appraisal in 2017 because of their length of service or long-term leave. The appraisal data is being used in planning future development courses and opportunities.

Appendix 2 (continued)

Pay and reward	
• Total reward • Pay review	The £95k exit payment cap for public sector workers will be introduced when the regulations are confirmed. HR will continue to communicate with staff as soon as an enactment date is confirmed. NICE's annual window to apply for local Clinical Excellence Awards has resulted in one application, which will be reviewed in late September 2017. NICE's annual remuneration committee will be held in late September 2017.

Culture	
• Engaged workforce • Inclusive workforce • Wellbeing at work	Staff survey NICE's staff survey was conducted in May 2017. The results have been analysed, and an action plan has been produced in collaboration with colleagues in the Health and Wellbeing Group, Partnership Working Group and UNISON. The findings will be presented at the September 2017 board meeting. Health and wellbeing The health and wellbeing strategy group is developing an increased focus on NICE's quality standards for healthy workplaces. A survey will be launched in the autumn to evaluate staff wellbeing, which will inform the group's strategy and activities in the coming year.

National Institute for Health and Care Excellence

Increasing capacity in the technology appraisal programme

This paper presents proposed amendments to the Technology Appraisal (TA) process to enable more topics to be processed through the current 4 appraisal committees. Increasing demand means that the current appraisal process will be unable to cope with the number of appraisals the Institute will be asked to undertake, within the next two years.

The Board is asked to review, comment on and approve the proposals for adjustments to the Technology Appraisal process, along with a 6 week public consultation on the design principles and a further 6 week consultation on the detailed changes to the Guide to the Process of Technology Appraisal. The reason for splitting the consultation in this way is that we will be able to take account of stakeholder comments on the design principles before we commit to re-writing the detailed process guide.

Professor Carole Longson

Director, Centre for Health Technology Evaluation

September 2017

Introduction

1. In recent years, the capacity of the technology appraisal (TA) programme has been increased to meet a growing demand. Before 2014-15, we produced, on average, 30 appraisals each year. The 2017-18 target is 55 appraisals.

2. We have so far managed to accommodate this increase without changing the basic appraisal process. However, as demand for technology appraisal guidance is anticipated to rise to a steady state of 75 topics each year, we will need to both increase the programme's resources and make changes to the appraisal process. This paper sets out the process changes we intend to make.

3. The increase in demand is being driven by a number of trends in the life sciences sector. In particular:

    - Regulators are granting marketing authorisations at earlier stages in development for more products; in the case of medicinal products through accelerated assessment, conditional marketing authorisation the priority medicines initiative (PRIME), and
    - Developments in 'personalised medicine' are resulting in multiple indications for new drugs. Companies are applying for marketing authorisations for more than 10, and sometimes up to 20, therapeutic indications, where in the past it would have been exceptional to receive more than 5. This applies to cancer drugs, in particular.

4. As the number of individual topics increases, our ability to be flexible in the scheduling of an increasing number of topics is becoming more limited. There are a number of reasons for this, including:

    - We are expected to prioritise medicinal products that receive a positive opinion as part of the MHRA early access to medicines scheme (EAMS) when scheduling topics into the appraisals work programme.
    - We now publish guidance within 90 days of marketing authorisation for all cancer products.
    - An increasing number of topics require more than two committee discussions. Companies frequently ask to submit additional evidence during consultation on provisional recommendations, often including new patient access schemes. Appraisal committees often ask for further input from companies, for example when considering whether to recommend a drug for new Cancer Drugs Fund.

5. Technology appraisals are becoming more complex and require an average of 2.5 committee discussions (slots), and multiple consultations to work

through the full extent of the case and progress to publication of final guidance. Scheduling an extra 20 appraisal topics into the work programme requires creating the equivalent of an additional 50 committee slots per year. The committee work currently operates on the basis of the appraisal committees considering the full extent of the case for clinical and cost effectiveness at their committee meetings. The existing committee structure does not have the capacity to accommodate this level of activity and, unless changes are made to how the committees are used, it will not be possible to add more topics into the work of the current four appraisal committees.

6. Approximately 80% of final NICE guidance is positive whilst 60% of draft recommendations are negative. In our current process, a positive draft recommendation significantly reduces the time and resources involved in publishing the final guidance. The proposed amendments to the process aim to enable us to maximise the ability to reach a final decision at the first committee meeting, increasing process efficiency.

7. In making changes to the appraisal process, we will need to maintain the valuable external challenge provided by the external academic review groups (ERGs). Colleagues at the National Institute for Health Research (NIHR) and the Department of Health have confirmed that the Health Technology Assessment programme, which commissions these groups, has the capacity to support the development of up to 75 appraisals, but to do this, we will need to ensure that the ERG contribution is tightly focussed.

8. The main emphasis of the process adjustments laid out in this paper is on undertaking more work before the topic reaches the committee. This will allow us to deliver the projected increase in output, without increasing capacity at the committee stage and enable us to draw more on the talent and expertise of our internal staff, and make their contribution even more rewarding.

9. No adjustments are being made to the Guide to the Methods of Technology Appraisal.

Summary

10. The process adjustments set out below, retain the familiar elements of the current single technology appraisals (STA), while aligning them more efficiently. The components of the recently implemented Fast Track Appraisal (FTA) process will be adjusted accordingly.

11. In particular, the proposed changes will:

12. Provide clear, recognisable milestones for companies and other stakeholders, linking them to key stages in regulatory pathways, providing more time for NICE to engage with companies early in the appraisal process;

13. Release capacity for the appraisal committees as more of the scientific and technical elements are pulled forward into the workup of topics. Together with an increase in funding, this should allow us to publish, up to 75 appraisals, using the same committee resource that is now available;

14. Enhance our ability to deliver the ambitions set out in the Accelerated Access Review or the emerging Life Sciences Strategy, when required to do so.

Process Adjustments

15. We intend to utilise all phases of the existing technology appraisal processes, but re-arrange the sequence of steps to increase internal and external efficiency. The proposed adjustments comply with the statutory duties of NICE laid out in the National Institute for Health and Care Excellence (Constitution and Functions) and the Health and Social Care Information Centre (Functions) Regulations 2013.

16. The adjustments are primarily designed to allow the Technology Appraisal team to prepare more effectively in advance of the appraisal committee discussions. The key adjustments are:

    - Defining more points within the process for formal discussions with companies on the technical and fiscal elements of their submission.
    - Allowing more opportunities for scientific and technical issues to be addressed before a topic reaches the appraisal committee decision stage.
    - Providing for more efficient consultation mechanisms.
    - Alignment of the timeliness targets for all technology appraisal output, with guidance within 90 days of marketing authorisation for all new drugs.

17. The adjusted Technology Appraisal process will be arranged into the following sequence. Each stage is described in more detail:

Invitation to participate

18. Currently, the date at which companies are invited to participate in a technology appraisal is linked to the expected date of marketing authorisation, which is in turn linked to when the appraisal committee meets to allow timely guidance production. Working backwards from when the committee is expected to meet, we currently allow 21 weeks between the invitation to participate and the committee meeting.

19. We propose to invite the company to participate in a technology appraisal earlier in the regulatory timeline, using date of the submission of the dossier to the regulatory agency to invite companies to start developing an evidence submission for NICE. Inviting companies to prepare their submission at this stage in their regulatory process allows greater opportunities for us to engage with them during this phase and to explore the likely methodological and technical issues. It also allows us the flexibility to adapt company engagement to the regulatory progress and allows time for companies to respond to questions.

20. As is currently the case, consultee and commentator organisations will be invited to participate in the appraisal at the same time as the company.

Evidence submission and participation

21. The current ordering of STA process steps assumes that companies understand their best value proposition at initiation of appraisal. In practice,

most companies may not be aware of what is required at this point in the appraisal to formulate their fully formed proposal.

22. We propose to enhance the ability of the NICE team to manage the evidence submission phases of the process. This can be achieved by NICE staff, the independent evidence review group and key committee members, where relevant, contributing to technical discussions with companies as early as possible.

23. As now, the principal evidence will be provided by the company, using a detailed specification developed by NICE. For new medicinal products that are subject to regulatory approval we are contemplating aligning the deadline for submission to NICE with day 120 of the regulatory process.

24. Other stakeholders will be asked to submit statements at the same time as we receive the company submission. As is currently the case, stakeholders will be asked to nominate clinical and patient experts, who will be asked to submit personal statements. If the statements from non-company stakeholders are sufficiently clear, and/or individual clarification resolves enough of the uncertainty, this earlier timing of their engagement may reduce the need for experts to attend the committee meeting, increasing the ratio of topics to committee meetings. This approach is currently being implemented in Fast Track Appraisal.

25. Once a submission has been received from the company, there will be a series of fixed opportunities for NICE to engage with the company at specified points in the appraisal process to discuss the methodological and technical elements of the submission.

Evidence Assessment

26. We propose to adjust the evidence assessment process to allow greater opportunity for a group consisting of NICE technical staff, the ERG and members of the committee to seek clarification from the company on the existing evidence submission, requesting further analyses, and performing their own exploratory analyses. This team will function as the ‘technical team’ to the appraisal committee and will consist of NICE technical staff, and ERG and appraisal committee members.

27. The technical team will develop a report for the appraisal committee, setting out the scientific consideration of the case for clinical and cost effectiveness put forward by the company.

Technical engagement

28. We propose to introduce a technical engagement step. Consultees and commentators will be provided with the opportunity to comment on the content of the report developed by the technical team for the appraisal committee before it is considered by committee. This report will include references to:

    - Company submission (and model where appropriate)
    - ERG critique of the company submission
    - Statements by stakeholder organisations and clinical and patients experts
    - Overview of the interactions with the company regarding the technical aspects of the case
    - Scientific judgements reached by the technical team to the appraisal committee.

29. This engagement step with consultees and commentators will be open for 20 working days. Engaging in the way with consultees and commentators before the committee meeting should significantly reduce the amount of time the committee spends debating technical elements of the appraisal at the committee meeting itself.

Committee preparation

30. The period between technical consultation and the committee meeting will be used by the technical team to finalise their technical report, taking into account the comments received. There will be some time at this stage to further resolve substantive issues and for the company to engage in further discussions.

Appraisal committee meeting

31. With much of work done before the meeting, we expect committee to meet only once for the majority of topics. Committee discussions will continue to meet in public (subject to the regulatory status of the product).

32. Company representatives and the ERG are expected to attend all first committee meetings for topics. It may not always be necessary for clinical, patient, and commissioning experts to attend the committee meeting if their submission statements are sufficiently clear, and/or individual clarification resolves enough of the uncertainty. A need assessment will be made by the technical team to the appraisal committee, in conjunction with the chair, at an

appropriate time in the lead up to the meeting, and on that basis experts will be invited. This is the process currently being used for Fast Track Appraisals.

33. The committee can come to one of the following recommendations:

- Recommended for routine commissioning;
- Not recommended for routine commissioning;
- Not recommended for routine commissioning, but recommended for inclusion in the Cancer Drugs Fund or in some other form of available managed access arrangement.

34. In exceptional circumstances, the committee may find it is unable to develop recommendations for the technology at this point without further scrutiny, or further submission of evidence. If this is the case, there is the possibility for a pause. This will take no longer than the period between meetings of the same appraisal committee; usually 30 calendar days. After this final pause, the committee will be required to come to one of the three recommendations set out above.

35. The outcome of the appraisal committee meeting will be shared with consultees and commentators within 5 working days of the committee meeting. This will be a brief statement of the committee decision.

Final or draft guidance issued

36. Because of the increased interaction at earlier stages of the process, we envisage that a majority of recommendations can be released as positive guidance, in the form of a Final Appraisal Determination (FAD). If a FAD is issued, consultees will be invited to appeal or raise any issues of factual accuracy. Commentators will be asked to raise any issues of factual accuracy. This is the same as the current process. Whilst we anticipate being able to release more FADs after the first committee meeting, we do not envisage a change in the overall proportion of positive or negative appraisals.

37. Formal public consultation will take place if the preliminary recommendations from the Appraisal Committee do not recommend use of the technology. This is the same as the current process.

38. Where the committee makes recommendations that limit the use of the technology further than the marketing authorisation (or instructions for use) for the indication being appraised other than the value proposition submitted by the company (an 'optimised' recommendation), we propose to undertake a 10 working day targeted consultation with consultees and commentators only. Responses from this consultation will be reviewed by the appraisal

committee chair and committee members of the technical team to the appraisal committee who will consider whether, and to what extent, changes to the consultation recommendations are required. Proposed amendments to the consultation recommendations will be presented electronically to appraisal committee members for review and endorsement. Adjusting the consultation process for optimised recommendations in this way will significantly increase the efficiency of consultation, the processing of consultation comments and the demands on the appraisal committee time at their face to face meetings.

Final guidance publication

39. Subject to appeal, or significant matters of factual accuracy, NICE will normally publish the final guidance within 21 calendar days of the deadline for appeal.

Other considerations

40. Where a company is not willing or able to submit, we will publish a document stating that no submission was received and as a result NICE is unable to formulate guidance recommendations. This is the same as currently the case with terminated appraisals.

41. Appendix 2 presents the timeline for the appraisal of a new medicinal product that is subject to regulatory consideration by the European Medicines Agency. Each process step is shown in relation to the regulatory timeline.

42. As the current TA process can also apply to medical technologies not subject to the EMA procedures, steps of the kind described above will also be developed for these technologies.

Risks

43. The following issues log has been developed and ways in which we might address them are set out in the following table.

Table 1. Risks associated with TA process adjustments

Issue	Actions
NICE staff perceive the changes to have a large impact on their roles and responsibilities leading to concerns about remuneration and motivation.	Ensure meaningful staff involvement. If necessary, review and align job descriptions where necessary.
The impact of the changes on NICE's capacity to deliver 75 outputs has been underestimated, with consequences for staff availability and funding and/or cost recovery.	Perform detailed workforce planning analyses when developing the new programme, repeat these analyses regularly after implementation, and liaise with NICE finance and HR on implications for funding and/or cost recovery.
Concerns raised by stakeholders about the changes to consultation arrangements for optimised appraisals	Seek advice on whether our Regulations allow NICE to set the arrangements for consultation as proposed
NICE's international reputation for thoroughness and inclusivity is perceived to be compromised.	Ensure it is clear that the same vigilance and robustness is being applied. Develop a communication plan to ensure that it is understood that all the building blocks of NICE technology appraisal processes are still in place but rearranged in a different way.
Work undertaken before licensing is unnecessary because the product does not gain regulatory approval.	Most products do not fail to be granted a license. Develop robust monitoring systems.
Current appraisal committee members are uncomfortable with the new arrangements.	Engage with committee members and seek their input. Contingency plan for recruitment of new committee members.

Next steps

44. Subject to Board approval, we plan to engage in a 6 week public consultation on the design principles underpinning these changes these proposed changes. Following receipt of comments the TA programme will develop the more detailed procedural elements of the process and issue them for a further targeted consultation with stakeholders for a further 6 weeks.

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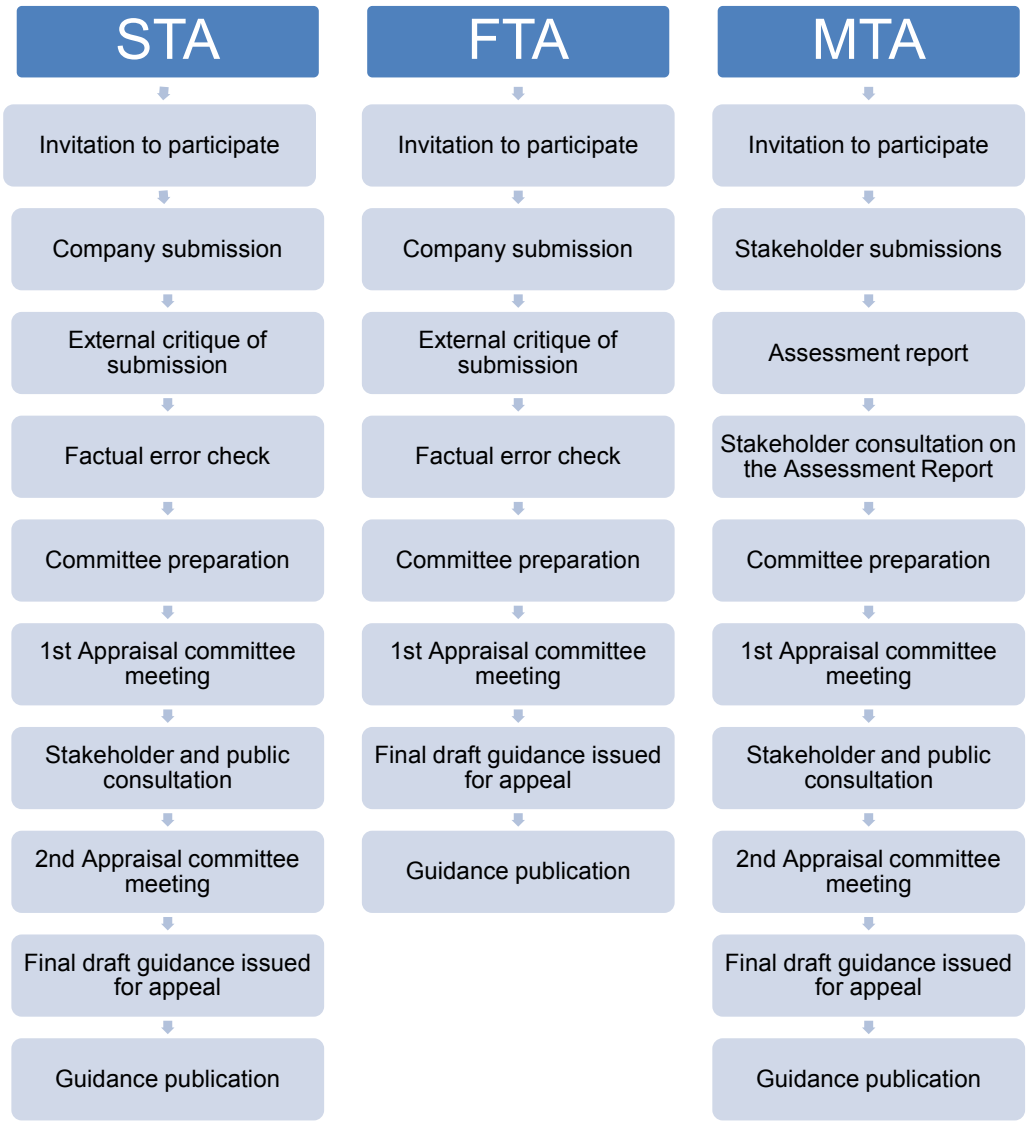
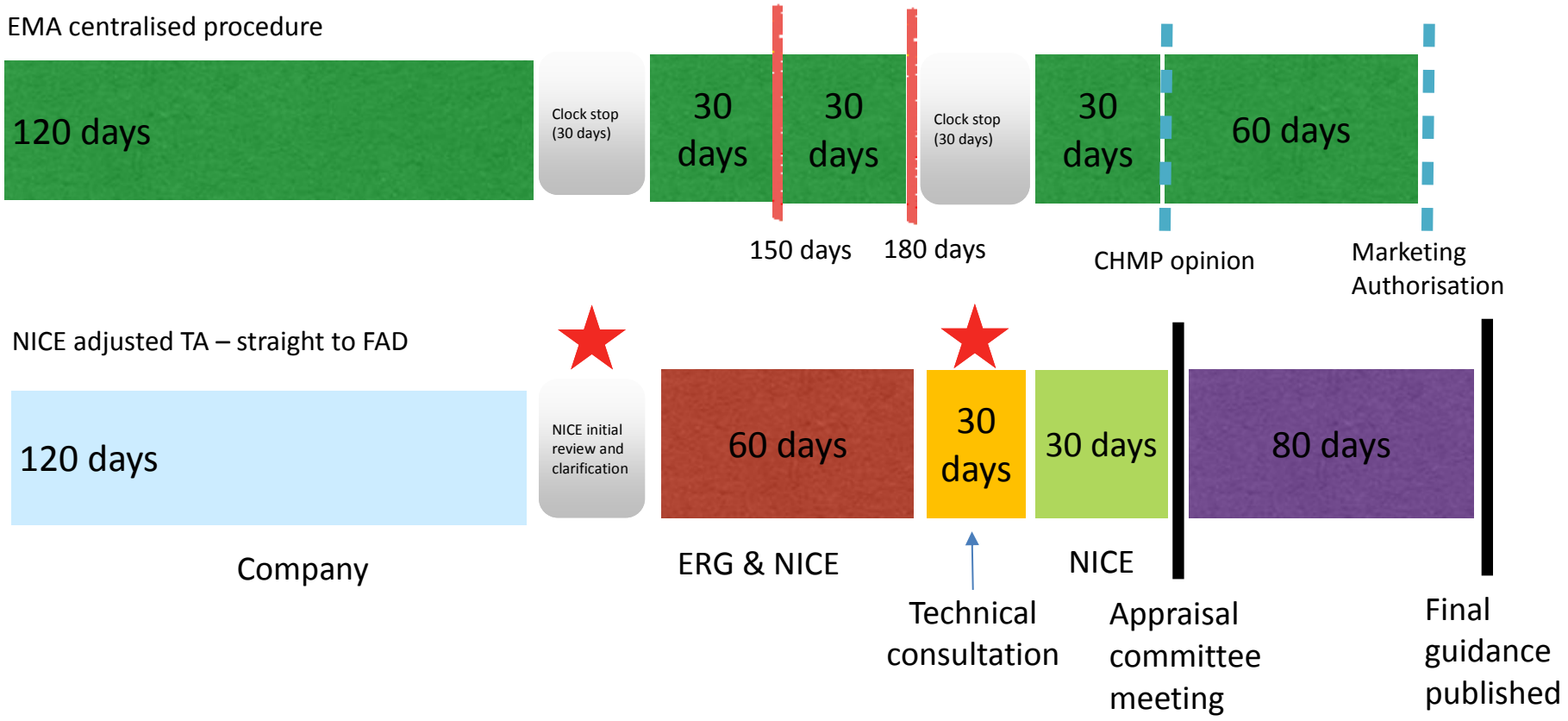
Appendix 1 – Overview of current TA processes



Appendix 2 - Adjusted TA process overview (presented for pharmaceuticals)



Opportunity for commercial dialogue

Where a consultation is required a maximum of 60 days will be added to the process

National Institute for Health and Care Excellence

Staff survey results and action plan

This report gives details of the annual staff survey results and action plan in response.

The Board is asked to receive the staff survey 2017 report and action plan.

Ben Bennett

Director, Business, Planning and Resources

September 2017

Introduction

1. The 2017 annual staff survey has been completed. It was prepared by the Picker Institute which was commissioned to undertake the survey on behalf of NICE. The purpose of this report is to summarise the key findings from the 2017 survey, report on the actions taken in response to the 2016 survey (Appendix B) and propose an action plan for the coming year (Appendix C).

2016 survey and action plan

2. Each year, an action plan is developed in response to feedback from the staff survey, which are detailed in Appendix B. In 2016-17, some of the key actions were:

    - Raising the profile of health and wellbeing through additional activities and communications, including sessions on promoting mental wellbeing and personal resilience
    - Improving support during management of change
    - Introduction of buffer zones and additional meeting pods to increase the availability of quiet working space
    - Raising awareness of the options available for raising concerns, including highlighting reporting procedures for bullying and harassment

2017 Staff survey

3. The twelfth annual staff survey was conducted during May 2017. The Picker Institute has produced a report of its findings which is provided in Appendix A.

4. A total of 638 staff (including long term temporary staff and those on long term leave) were sent the survey and 529 staff responded representing an 83% response rate, which is NICE's highest ever response rate.

5. The questions about health and wellbeing have been removed from the annual staff survey in 2017 following a decision to run a separate wellbeing survey in the autumn.

2017 Staff survey - key findings

6. The 2017 survey results show an overall positive response from staff about their experiences of working for NICE. The key findings are summarised here, with

supporting contextual information where necessary. The 2016 figures are provided for comparison purposes.

7. Staff were able to add free text comments to some questions, as well as making up to three positive and three improvement comments about the organisation. The comments have been reviewed and key themes have been incorporated into the 2017/18 action plan.

8. The following report reflects the organisation-wide response. The Picker Institute has also provided directorate-level breakdowns of the data, which will be discussed with directorates.

Work-life balance

9. Staff were asked if NICE was committed to helping them balance their work and home life, 75% of staff responded positively to this (71% in 2016). Staff were also asked if their line manager helps them find a good work-life balance, 74% of staff responded positively, an increase from 2016 (65%). 75% of staff said they have a good work-life balance (67% in 2016), and 78% of staff said they take advantage of one or more of the NICE flexible working options, which is an increase on last year's result (68% in 2016).

10. Staff were also asked to comment on the number of additional hours undertaken in a week. 38% of staff said they worked no additional hours, which is an increase from 2016 (30%). 52% of staff stated they worked up to ten additional hours per week, which has decreased from last year (59% in 2016).

11. Of the staff who stated they work additional hours each week, the three main reasons why were 'because I don’t want to let down the people I work with' 86%, (84% in 2016), 'because I want to provide the best service' 86% (84% in 2016) and 'because it is necessary to do my job' 82% (84% in 2016).

Training, learning and development

12. This year's staff survey was issued during our appraisal window (March-May). 73% of staff overall have received an appraisal at the time of the survey in May, (74% in 2016) with a further 10% of staff stating that they had an appraisal booked in with their line manager soon.

13. Of the staff who received an appraisal in the last 12 months, 88% of staff stated that they agreed clear objectives, which is an increase from last year (63% in 2016). 91% of staff agreed a personal development plan (PDP), which is the same as in 2016. 54% of staff received the training they had identified in their PDP in 2017 financial year (an increase from 43% in 2016).

14. 72% of staff said that NICE is committed to their learning training and development (67% in 2016) and 65% of staff said that training, learning and development has helped them to do their job better (61% in 2016).

NICE as a place to work

15. Overall 79% of staff said that NICE was a good or excellent place to work. This is similar to 2016 (78%). The 2016 NHS Staff Survey report shows 60% would agree or strongly agree that their organisation is a good place to work.

16. 69% of staff said that the relationship between NICE and its staff is good to excellent (67% in 2016), and 62% reported overall satisfaction with their job (65% in 2016). 58% of staff said they were familiar with the NICE business plan (60% in 2016).

17. When asked about their job, 71% of staff said they have clear, planned goals and objectives (74% in 2016). 58% of staff said they get clear feedback about how well they are doing in their job (61% in 2016) and 70% of staff said they had adequate resources to do their job which is an increase from 2016 (68%).

18. 30% of staff reported regularly feeling stressed because of the demands put on them by work, which is similar to 2016 (29%). 46% of staff said they cannot meet the conflicting demands on their time at work (30% in 2016).

19. 72% of staff said that their team meets regularly to discuss its effectiveness and how to improve (69% in 2016). When staff were asked if they were familiar with their team's objectives, 72% said that they were (74% in 2016) and 69% of staff said that communication was good within their team (65% in 2016).

20. Staff were asked what they thought would improve communication across different teams. 66% of staff said sharing opportunities where teams present on their work would be useful, which is an increase from 2016 (55%). 66% of staff also said that having opportunities to shadow colleagues in different teams would be beneficial.

21. When asked if they were thinking of leaving NICE in the next 6 months, 34% of staff said that they were. This is similar to 2016.

22. Staff who are considering leaving NICE were asked the reasons behind this. Respondents could choose multiple reasons. 62% said it was due to career progression (57% in 2016) and 31% said it was because they would like more pay. 46% of staff said the reason for leaving was due to being unhappy with their current job. This is a decrease from 2016 (57%).

Health, safety and office environment

23. Staff were asked to comment on aspects of health and safety at NICE. 86% of staff said that they had the right equipment to do their job. (80% in 2016).

24. 80% of staff said they have a comfortable workspace (76% in 2016), and 78% of staff said they had a clean workspace, which is similar to 2016 (81%).

25. Staff were asked if concerns about their working environment are listened to and 51% responded positively. This has increased compared to 2016 (46% in 2016).

26. The number one most cited improvement area in the free text comments from staff was to improve office equipment and facilities. (101 comments in total).

Management and supervision

27. Staff were asked about management and supervision at NICE and 67% of staff said that their manager makes sure they are clear about what their job is (71% in 2016).

28. 74% of staff said their manager encourages them to suggest new ideas for improving services. This was the same as in 2016.

29. 73% of staff report that their manager encourages them to work as a team (74% in 2016), 76% of staff said they can count on their manager to help with a difficult task at work (77% in 2016), 65% of staff said their manager gives clear feedback on their work (68% in 2016) and 63% of staff said their manager asks their opinion before making decision that affect their work (61% in 2016).

30. Staff were asked if their manager is supportive of them in a personal crisis and 77% of staff responded positively to this question (75% in 2016).

Communication

31. Staff were asked if they found the intranet useful and 94% of staff responded positively. This increased 5% from 2016 (89%). 52% of staff also stated that they use the intranet on a daily basis (49% in 2016) with 39% stating they use the intranet on a weekly basis (40% in 2016). Only 1% of staff reported never using the intranet compared to 2% in 2016.

32. When asked if staff found our weekly newsletter Your Week at NICE useful, 61% of staff said that they did. This was an increase from 2016 (58%).

33. Finally for communication, staff were asked if they found the NICE all staff meetings useful, 59% of staff said that they always or sometimes find these meetings useful (68% in 2016).

Discrimination, bullying and harassment

34. All questions in the Equal Opportunities, Discrimination, Harassment and Bullying have stayed within the average range (within 3% of last year's score), or have improved from last year.

35. Staff were asked if they had personally experienced bullying, harassment and victimisation in the workplace, 9% said that they had. This is the same as in 2016. 9% of staff had also reported observing bullying, harassment and victimisation in 2017, which is a decrease from 13% in 2016.

36. Of the staff who reported that they had personally experienced or observed bullying:

    - Allegations of bullying from colleagues has increased (39% of respondents personally experiencing bullying, and 38% observing bullying). This is an increase from 2016 where 22% of staff reported the source being colleagues and 33% of staff reported observing the source being colleagues.
    - Allegations of bullying from line managers has decreased (24% of respondents personally experiencing bullying, and 32% of respondents observing bullying). This is a decrease from 2016 where 31% of respondents reported experiencing it from line managers and 41% observing it from line managers.
    - 2% of staff experienced the source of bullying or harassment from members of the public or visitors (0% in 2016), and 2% of staff also reported observing the source of bullying or harassment from members of the public or visitors (1% in 2016).

37. Staff who responded to experiencing or observing bullying, harassment and victimisation were asked whether they reported the incident. 29% of staff stated that they did report the incident (25% in 2016). Those who didn't report bullying were asked to provide free-text comments on why they didn't report. A range of reasons were provided which will be explored at a directorate level.

38. Staff were then asked if they knew how to report an incident of bullying, harassment or victimisation at NICE, 84% of staff said they know how to report this. This was an increase from 2016 (78%).

39. When asked if NICE takes effective action if staff have been bullied or harassed in the workplace, 28% of staff responded yes to this. This was similar to the response in 2016 (27%).

40. 3% of staff reported being personally discriminated against, with a further 3% of staff reporting to have observed a member of staff being discriminated against.

41. Of the people who stated they had been discriminated against or had observed discrimination, 12% said that they reported this incident, while 88% said they did not report it.

Management of change

42. Overall, more individuals have been affected by management of change exercises in 2017 (39%, compared to 30% in 2016).

43. Staff were asked if they had been affected by the management of change exercise in the last 12 months and 39% responded yes. This was an increase from 30% in 2016.

44. Staff were asked for their opinions on what support would be beneficial during future change exercises. The high response rate to all options suggests that a broad range of support would be beneficial in the right circumstances.

    - Frequent communication with directors and managers (87%)
    - Application and interview workshops (67%)
    - Support for line managers on holding difficult conversations (66%)
    - Dedicated time to input into organisational change (64%)
    - Session to aid understanding on the process of change management (59%)
    - Drop in sessions with managers and directors (57%)
    - Resilience training (49%)

Update on actions in response to the survey in 2016

45. A number of actions have been taken since the action plan was approved by the Board in 2016 and they have been summarised in Appendix B. The action plan arising from the 2016 staff survey focused on several key areas, including bullying and harassment, office environment, management and supervision, communications, career develop and progression, and management of change.

46. Good progress has been made in all areas of last year's action plan, including activities and communications to raise awareness of bullying and harassment, additional resources and support for those going through management of

change, improvement of the office environment including additional meeting pods and quiet "buffer zones".

Action plan for 2017/18

47. The key findings summarised in the 2017/18 report demonstrate an overall positive picture of how staff feel about working at NICE. In order to address the key concerns from this year's survey, and ensure continuous improvement for our staff, an action plan has been developed for 2017/18.

48. The staff survey results have been circulated and discussed with the partnership working group, the health and wellbeing strategy group and UNISON representatives to obtain their reflections on the survey findings and contributions to the 2017/18 action plan.

49. The action plan proposed will build upon work already in progress and work towards further improvement in a range of areas, including:

- Training, learning and career development: improved signposting to development opportunities for staff, and encouraging individuals to take ownership over their development needs and plans.
- NICE as a place to work: supporting staff with personal wellbeing, including stress management, and supporting staff through change.
- Increasing awareness of support and reporting procedures relating to bullying, harassment and victimisation.

Recommendation

50. The Board is asked to:

- Receive the staff survey 2017 report and action plan.

National Institute for Health and Care Excellence

September 2017

APPENDIX A

The National Institute for Health and Care Excellence: Staff Survey 2017

Overall Final Report

Date: 19th July 2017

Katie Mossman- Senior Project Manager

Ryan McNally- Project Manager

www.picker.org

Picker

Picker is an international charity dedicated to ensuring the highest quality health and social care for all, always. We are here to:

- Influence policy and practice so that health and social care systems are always centred around people's needs and preferences.
- Inspire the delivery of the highest quality care, developing tools and services which enable all experiences to be better understood.
- Empower those working in health and social care to improve experiences by effectively measuring, and acting upon, people's feedback.

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Contents

SECTION 1

Introduction

Background and survey objectives

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. Staff are split between offices in Manchester and London, with a small proportion of employees working from home.

NICE management has been running its annual staff survey since 2006. The overall aim of the survey is to gather information to help improve the working lives of NICE staff and to help management in improving work practices and HR policies.

The questionnaire was broken down to 14 sections: Background Details, Work-life Balance, Appraisal, Training Learning & Development, Health & Safety, Management of change, Your Job, Your Team, Management & Supervision, Your Organisation, Equal Opportunities Discrimination Harassment & Bullying, Your Organisation, Communication, and 6 free text comments under an Overall section.

Survey methodology

The original questionnaire was designed in 2006 and fully piloted at that time. The current questionnaire has been amended year-on-year to ensure that it remains relevant to staff and reflects the changes at NICE. The questionnaire this year is the same as the 2016 survey with the only difference being the removal of the health and wellbeing questions as NICE plan to run another survey for that in the autumn.

As in the past four years, all staff were included in the survey, including temporary staff as long as they had been at NICE more than 12 months, staff on maternity leave and staff on long term leave.

NICE provided the Picker Institute with a list of staff names and their email addresses. Prior to the survey commencing, staff were sent an introductory email to explain the purpose of the study and to request that people take part. Staff were then emailed a unique link to the online questionnaire, which allowed the Picker Institute to track returned questionnaires and send reminders to non-responders.

During fieldwork staff were provided with a Picker Institute telephone number and email address to contact if they had any queries regarding the survey or if they wanted to opt out.

Report conventions

Respondent Confidentiality

In order to ensure staff confidentiality, only questions that have at least 11 respondents can be analysed. This rule also applies to question breakdowns, e.g. by directorate or centre, therefore, only those breakdowns with 11 or more respondents to any question can be analysed. Breakdowns with fewer than 11 respondents have been excluded from this report.

Rounding of percentages

Note that throughout the report, partial percentages have been rounded to the nearest full number. For example 12.8% is rounded up to 13%, while 5.3% would be rounded down to 5%.

Respondent comments

There were 8 questions in this year's staff survey where staff were able to provide additionally information or were asked to add additional comments. These verbatim comments can be found in the additional comments to questions section in this report.

At the end of the survey staff were invited to make positive observations about working for NICE as well as suggest improvement areas. These comments have been themed into a summary report and are also provided verbatim.

Scoring

Where relevant positive percentage scoring has been used for the staff engagement survey; where all of the positive responses for any given question have been included within the percentage scoring.

All scores in this report have been rounded to the nearest whole number.

There are 5 main types of positive scoring questions within the staff questionnaires:

- Yes/No
  - Only the **Yes** response is counted as a positive
- 3 point scale questions from **Yes, definitely**, to **No**
  - The **Yes, definitely** and **Yes, to some extent** responses are counted as a positive
- 5 point scale questions from **Always** to **Never/Strongly agree** to **Strongly disagree** and **Very satisfied** to **Very dissatisfied**
  - The **Always** and **Often** responses are counted as a positive
  - The **Strongly agree** and **Agree** responses are counted as a positive
  - The **Very satisfied** and **Satisfied** responses are counted as a positive
- For questions regarding physical violence, abuse or bullying, **only the 'Never' option is counted as a positive score.**
- Where physical/verbal abuse or harassment is reported **'Yes, I reported it'**, **'Yes, a colleague reported it'** and **'Yes, myself and a colleague reported it'** are all added together to count as a positive response.

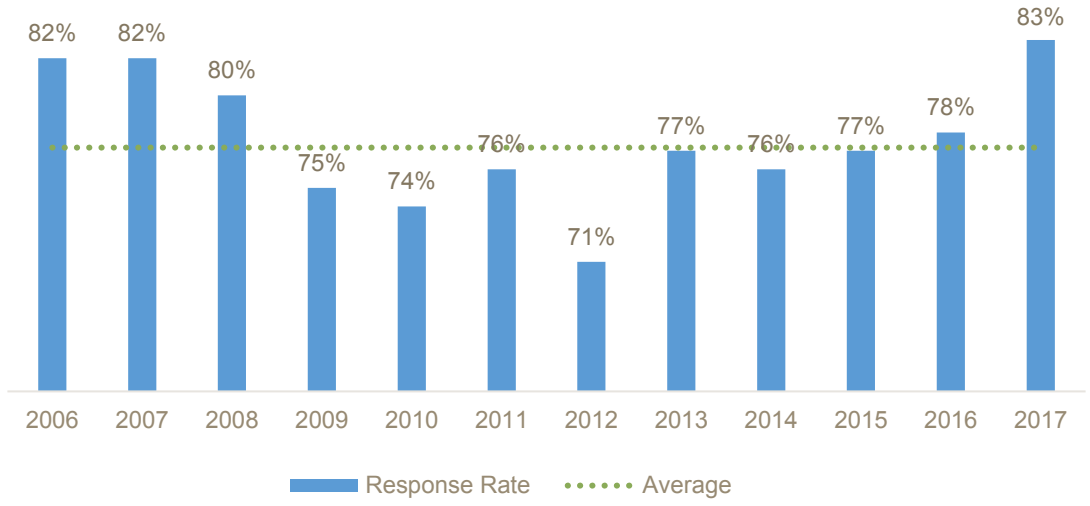
A full breakdown of the number and percentage of replies for each question response is available within the frequency tables in the frequency table report.

Response rates

Response rates are important in understanding how accurately survey results represent the staff population. That is to say, an organisation that receives a higher response rate can be more confident that their survey results are a more accurate reflection of their staff population compared to organisations that receive lower response rates.

NICE is fortunate in consistently achieving a high response rate meaning NICE can be confident that the results in this report give their staff a clear understanding of NICE's successes and how staff opinion and engagement has changed over time.

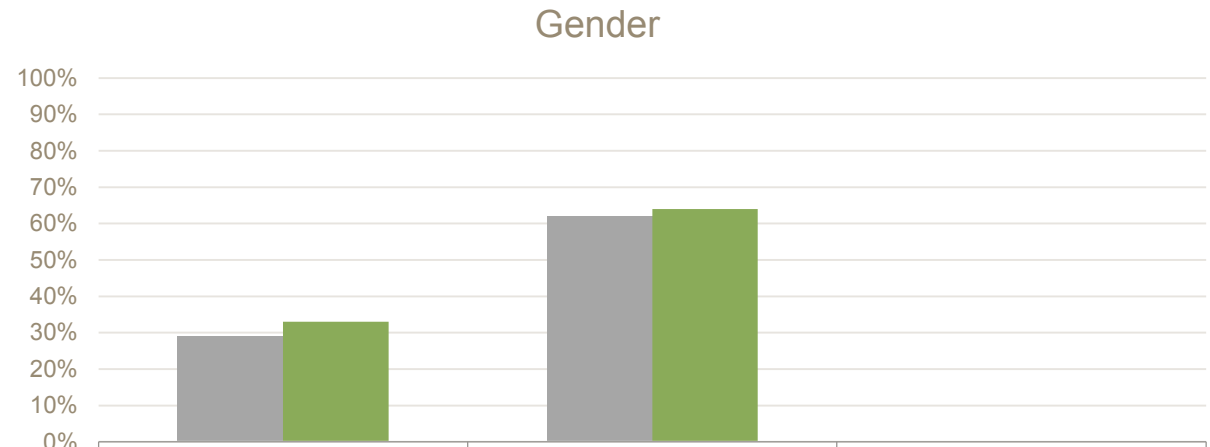
The chart below shows how each year's response rate compares to NICE's average response rate for their staff survey. This demonstrates that this year's response rate of 83% is the highest response rate that NICE has ever achieved. The response rate exceeded NICE's average response rate of 77%.



SECTION 2

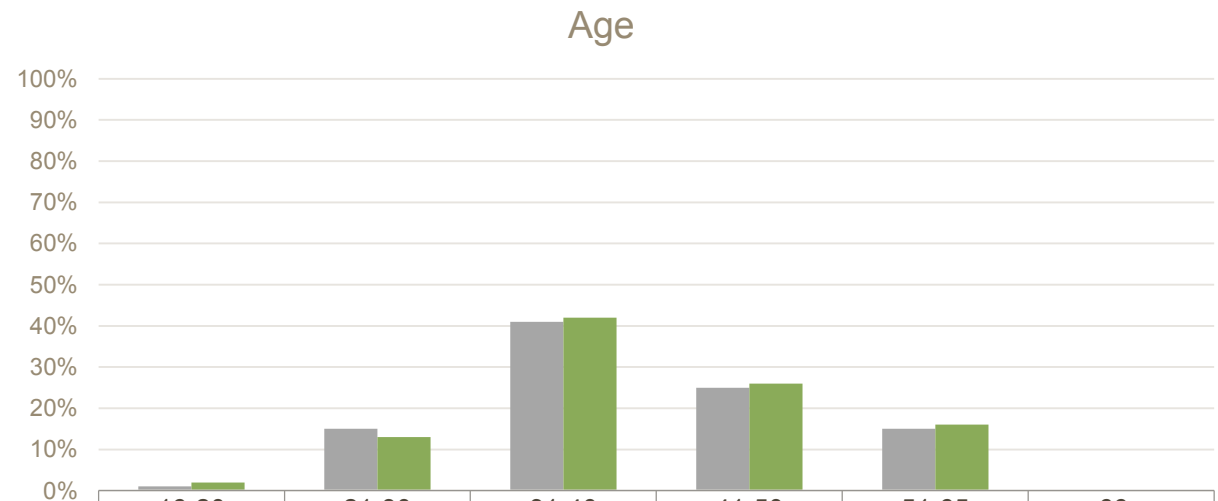
Survey results

Demographics



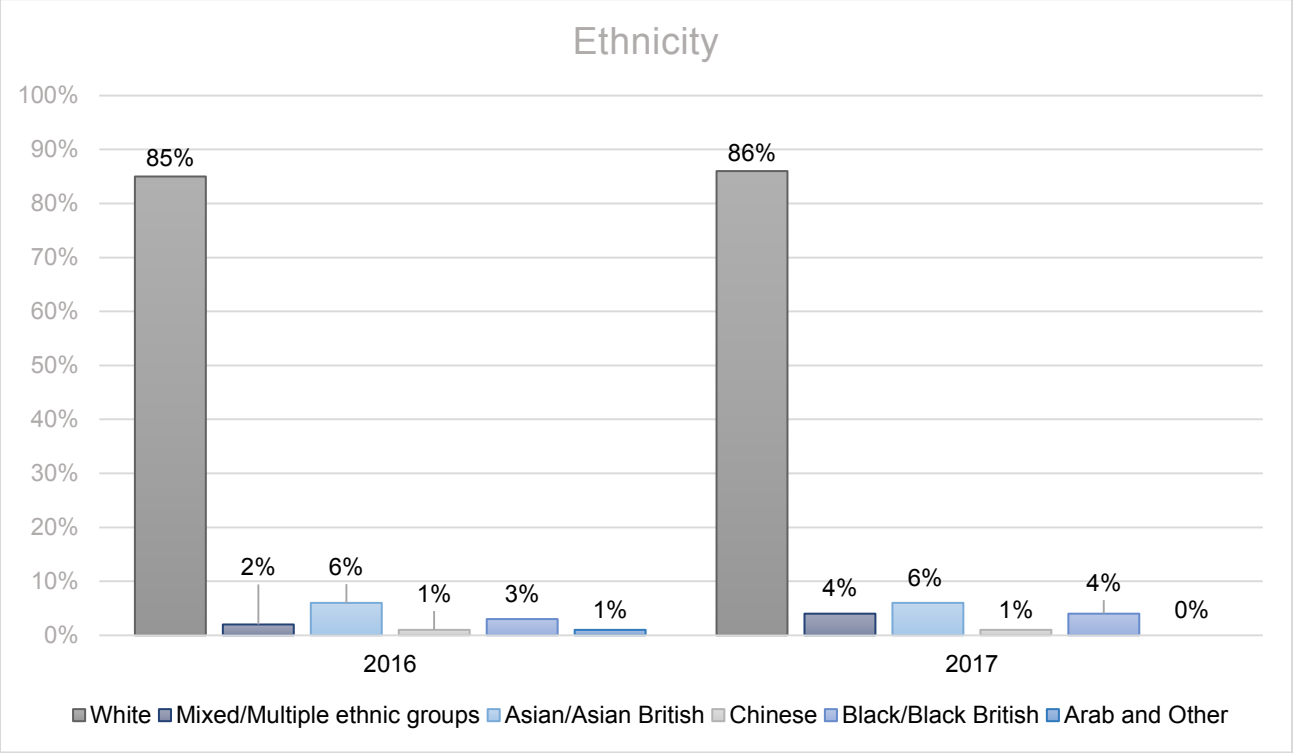
	Male	Female	Prefer to self-describe
2016	29%	62%	0%
2017	33%	64%	0%

Overall 64% of individuals working at NICE are female and 33% male. Overall less than 1% prefer to self-describe.

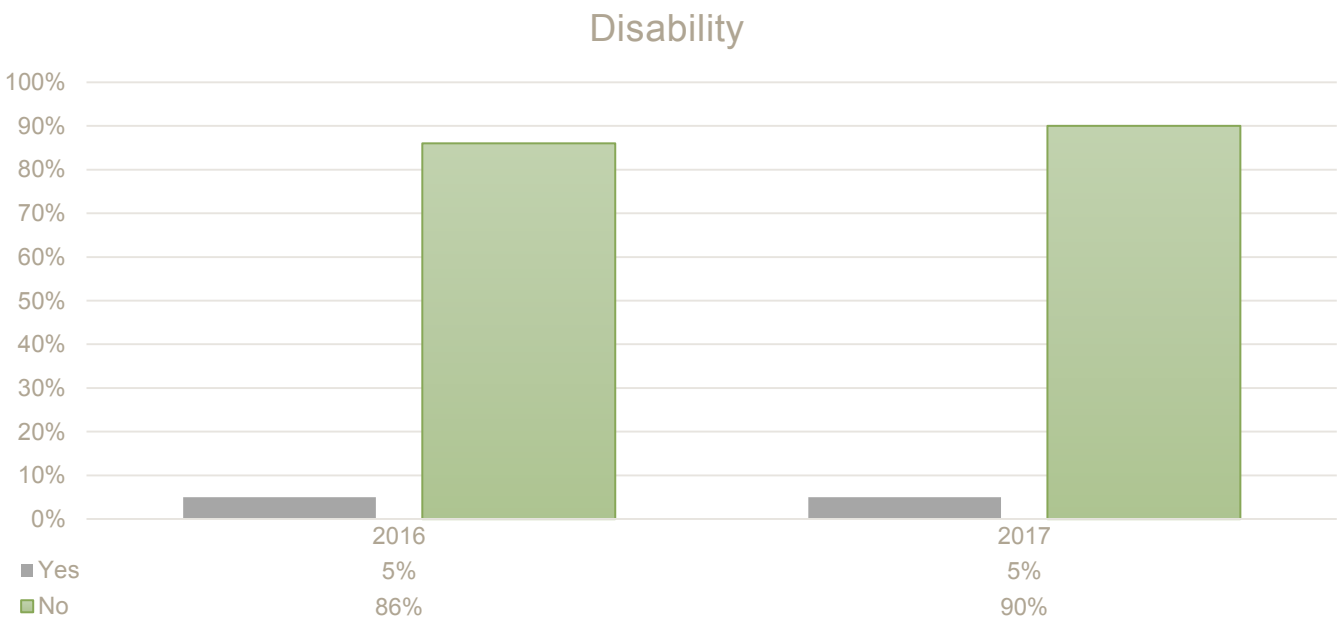


	16-20	21-30	31-40	41-50	51-65	66+
2016	1%	15%	41%	25%	15%	0%
2017	2%	13%	42%	26%	16%	0%

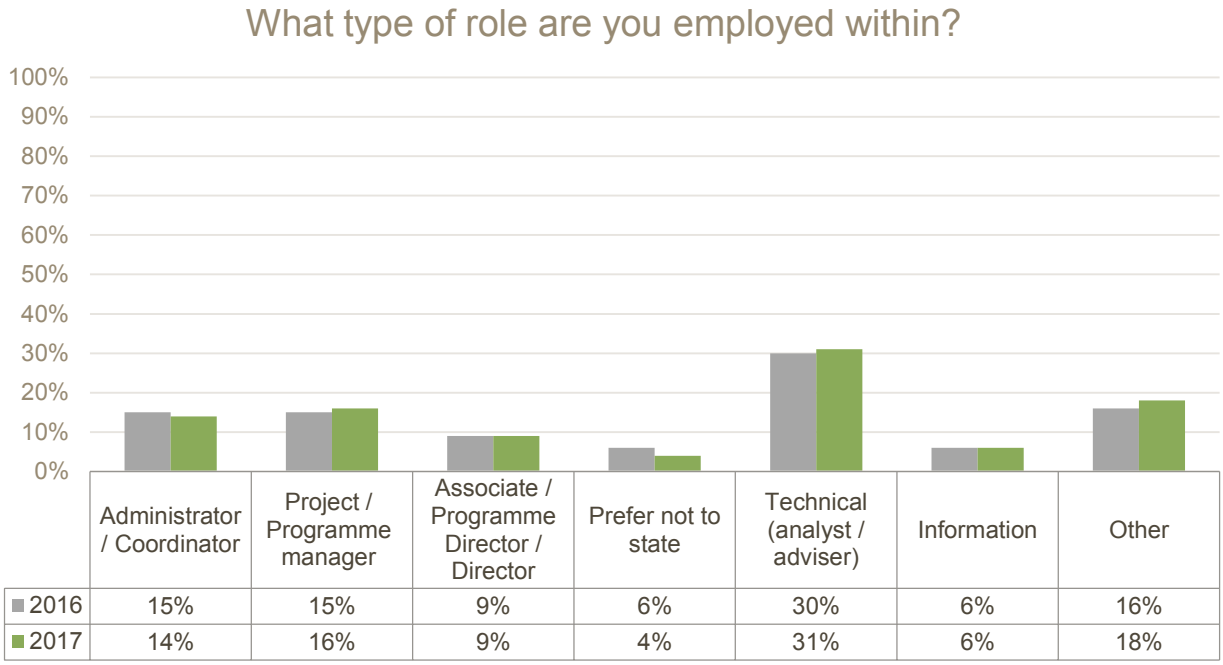
The biggest age bracket at NICE is the 31-40 category with 42% of respondents in this category.



86% of individuals who responded to the NICE staff survey are of a white ethnic origin and 15% from black and ethnic minorities.

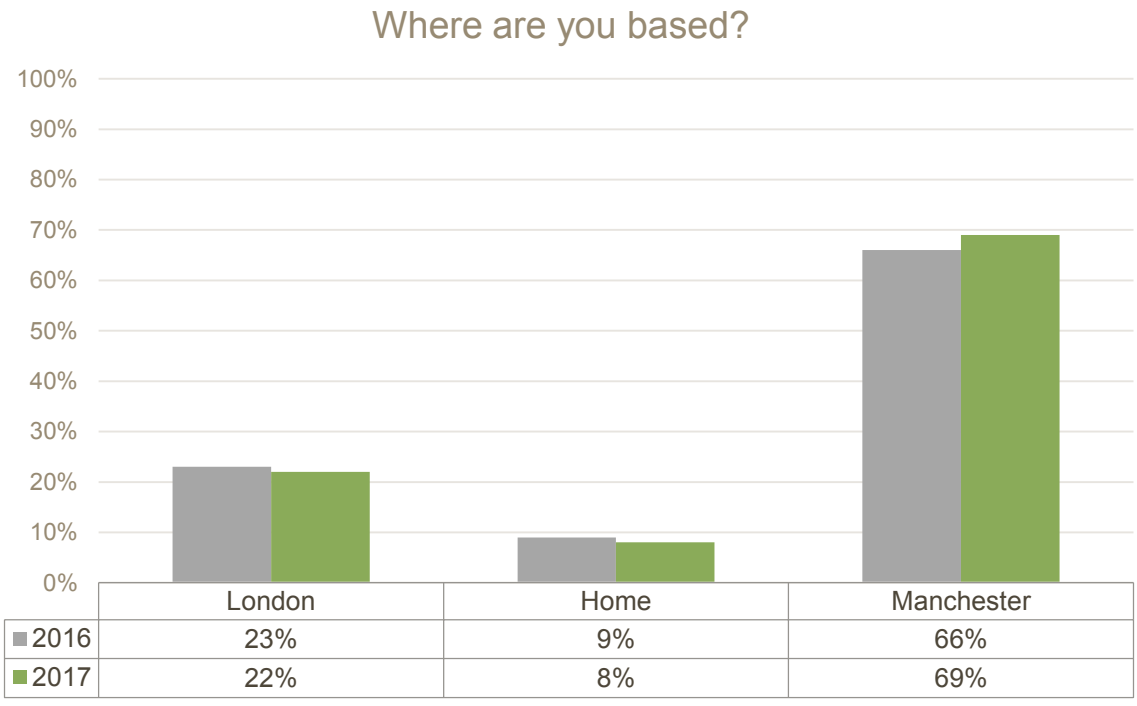


5% of individuals who responded to the survey this year said they have a disability, long-term illness or health problem which substantially limits daily activities or work you can do. 5% chose not to respond.



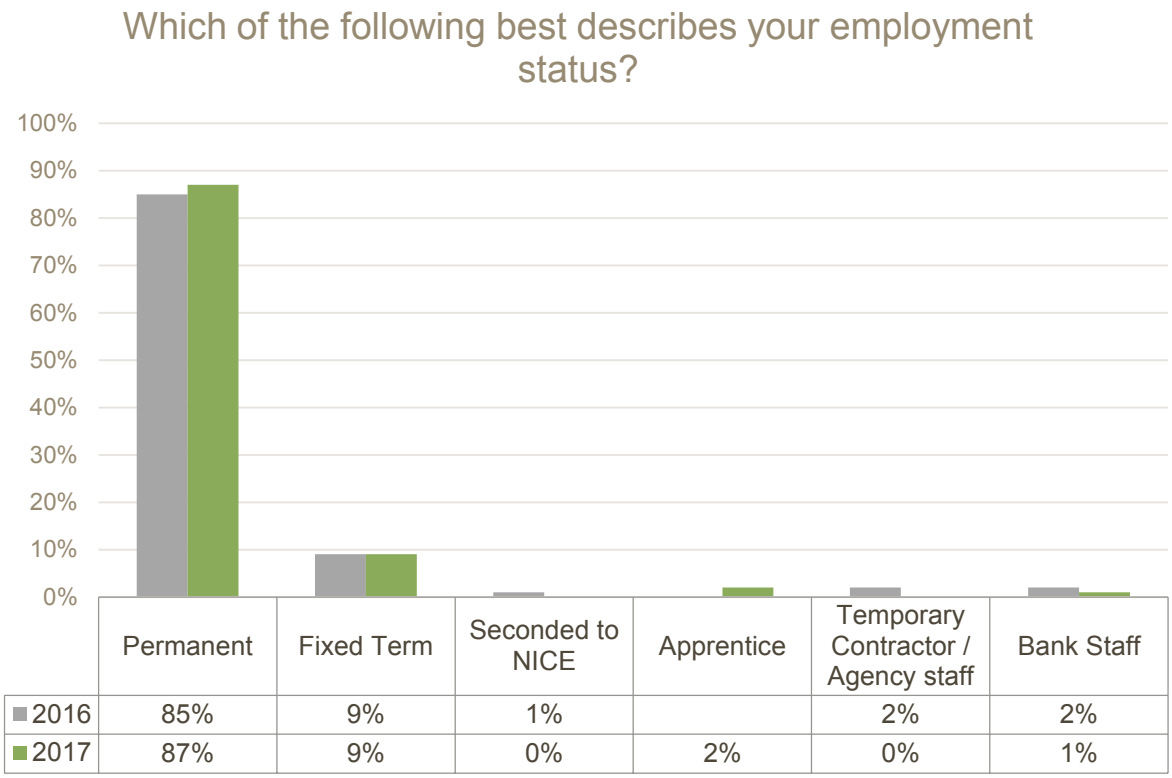
	Administrator / Coordinator	Project / Programme manager	Associate / Programme Director / Director	Prefer not to state	Technical (analyst / adviser)	Information	Other
2016	15%	15%	9%	6%	30%	6%	16%
2017	14%	16%	9%	4%	31%	6%	18%

Overall the highest percentage of individuals who completed the NICE 2017 survey are a technical analysist or advisor. 18% are other roles, 16% project/programme managers, 14% are administrators or coordinators and 4% would prefer not to state.



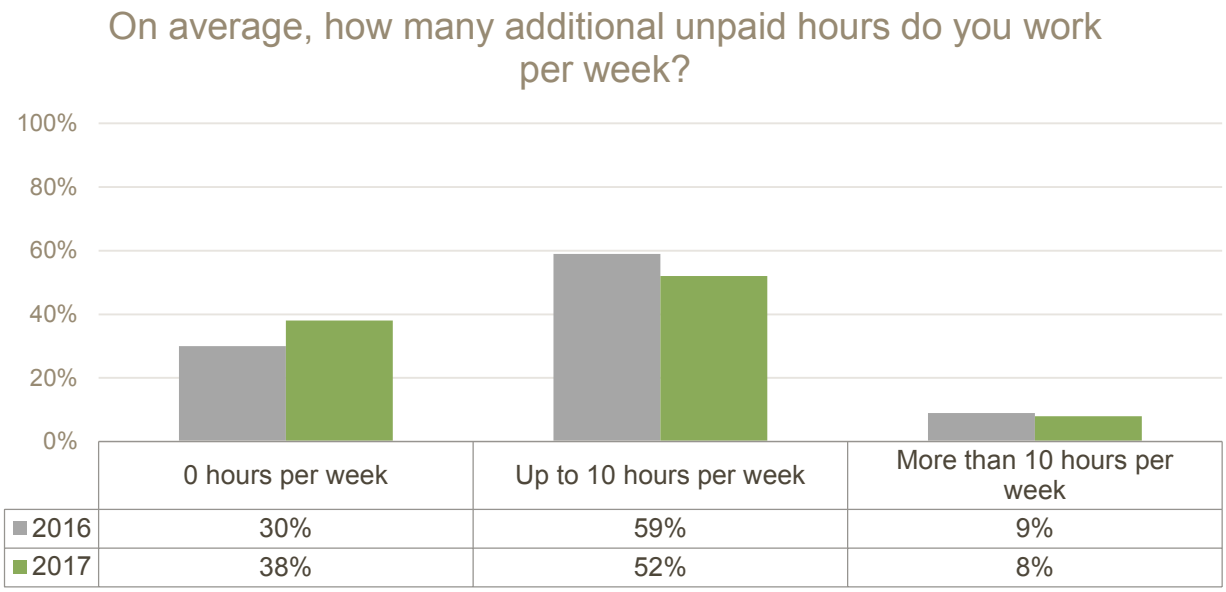
	London	Home	Manchester
2016	23%	9%	66%
2017	22%	8%	69%

69% of individuals who completed the survey work in the Manchester office, 22% from the London office and 8% are home based.

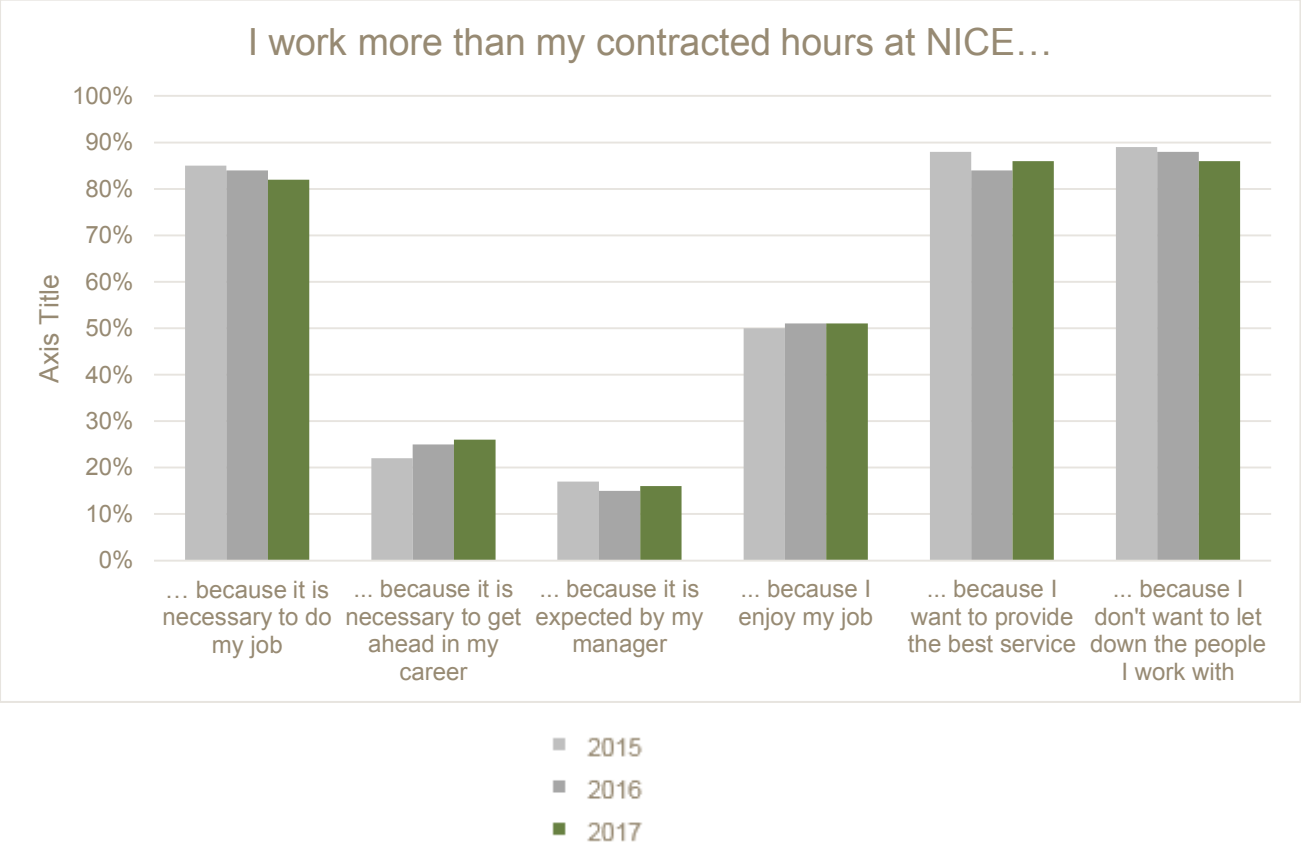


The majority of individuals in this survey are permanent employees at NICE (87%). 9% are on fixed term contracts and 2% are apprentices. 'Apprentice' is a new option for the 2017 survey.

81% of individuals who completed the survey work full time hours and 18% on part time contracts.

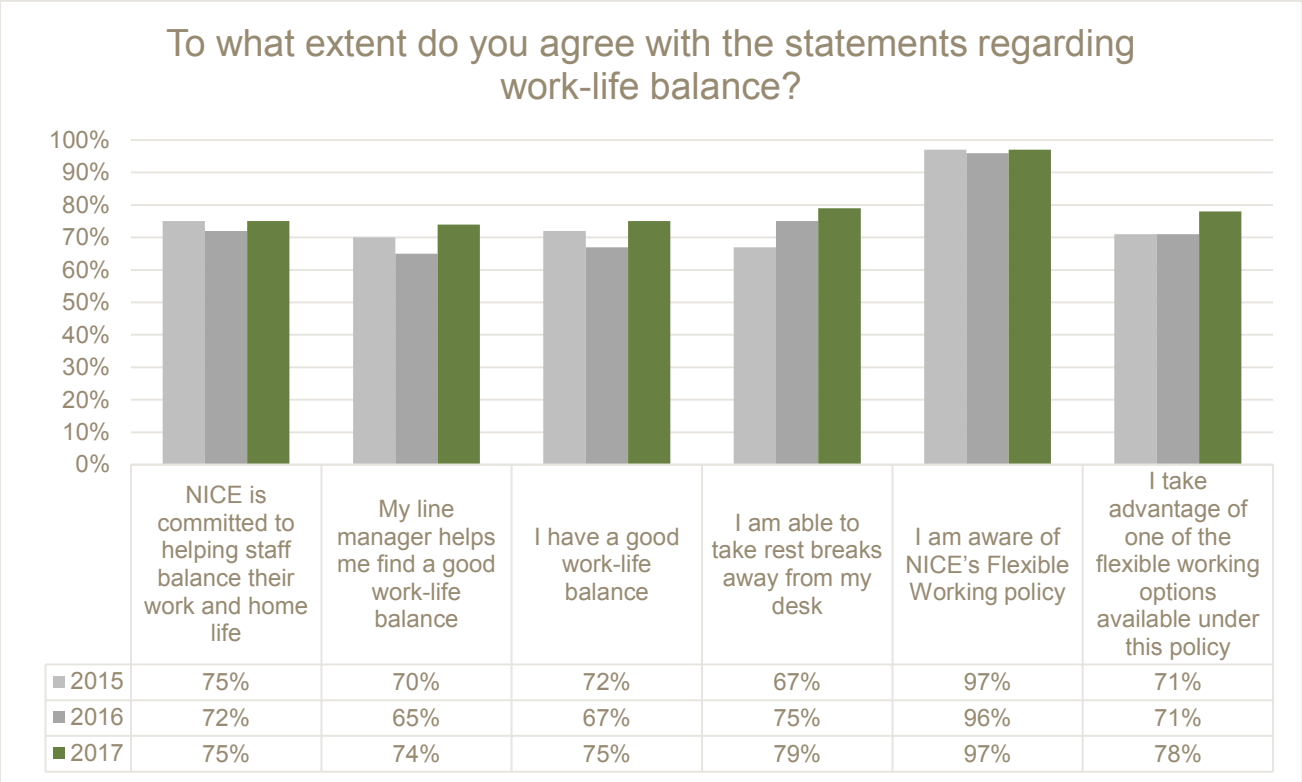


38% of staff work no additional hours per week. 52% of individuals work up to 10 additional hours, 8% work more than 10 hours per week.



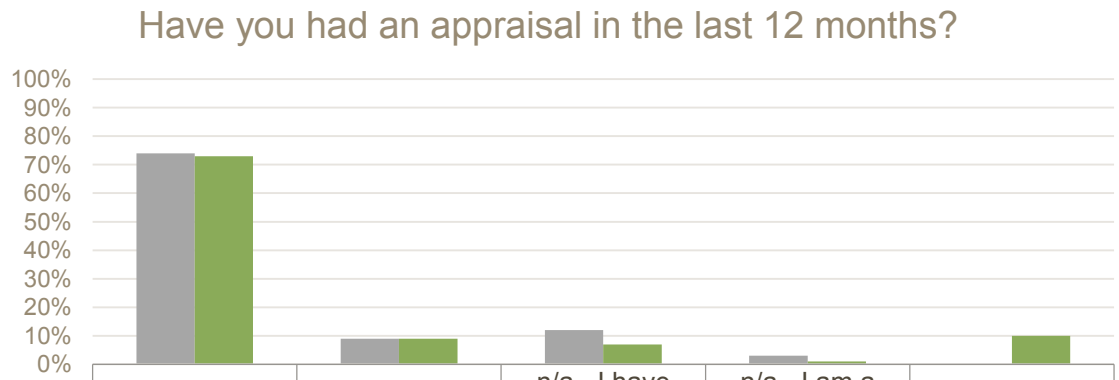
In this section on work life balance the overall highest reason for staff working additional hours was to provide the best service and so that they don't let the team down that they work with (both 86% overall).

Engagement results



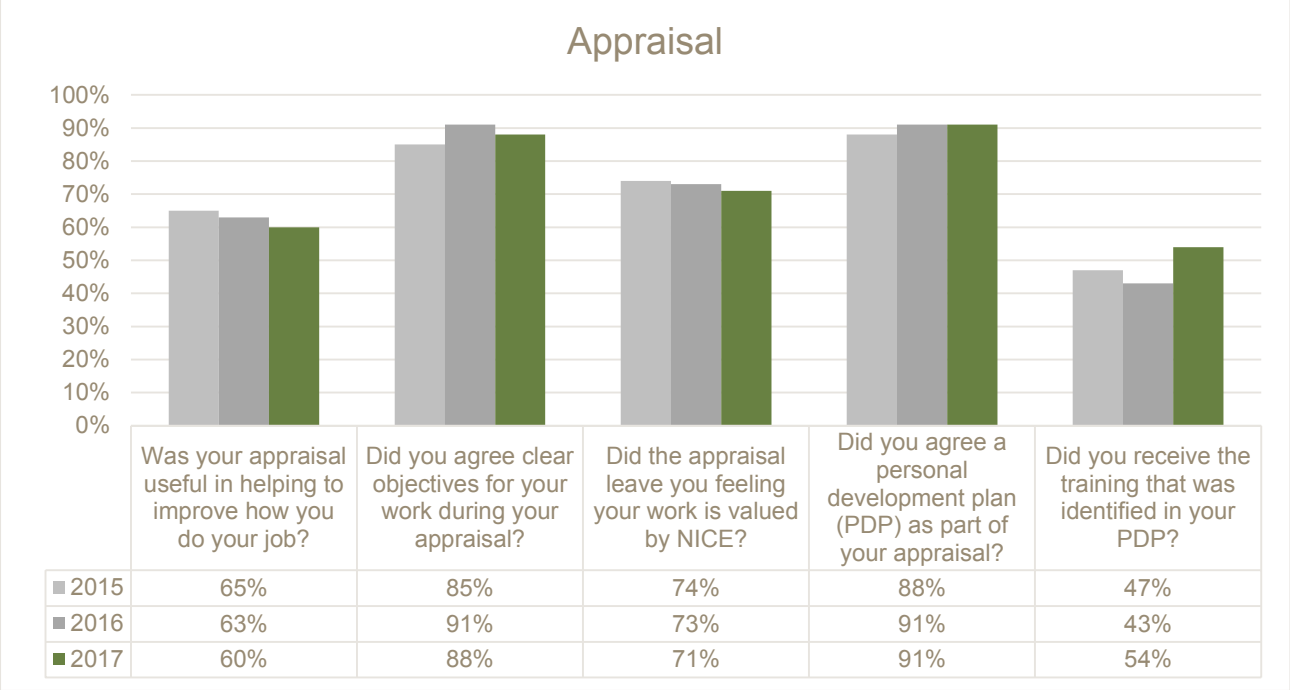
	NICE is committed to helping staff balance their work and home life	My line manager helps me find a good work-life balance	I have a good work-life balance	I am able to take rest breaks away from my desk	I am aware of NICE's Flexible Working policy	I take advantage of one of the flexible working options available under this policy
2015	75%	70%	72%	67%	97%	71%
2016	72%	65%	67%	75%	96%	71%
2017	75%	74%	75%	79%	97%	78%

All scores in the Work-Life Balance section have improved from last year. 75% of staff believe that NICE is committed to helping staff balance their work and home life. Almost all staff are aware of the NICE flexible working policy (97%) and 10% more staff take advantage of the flexible working opportunities (78% from 68%). Flexible working and work life balance was the second most common theme in the positive observations of the free text (96 mentions).



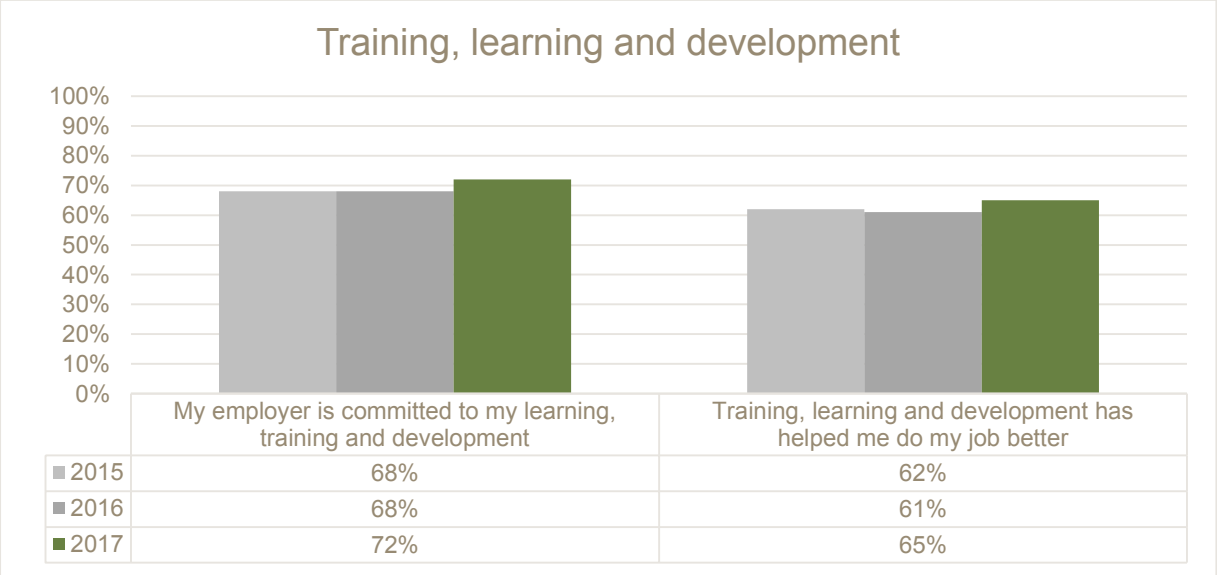
	Yes	No	n/a - I have been in the organisation less than 12 months	n/a - I am a contractor, agency staff member, on long term leave	No, but I have one booked in soon
2016	74%	9%	12%	3%	
2017	73%	9%	7%	1%	10%

73% of NICE employees had an appraisal in the last 12 months. However only 9% answered no due to either having one booked in, not being at the organisation long enough or being a contractor/ on long term leave. ‘No, but I have one booked in soon’ was not an answer option in the 2016 staff survey, so there is no comparative 2016 data available for this.



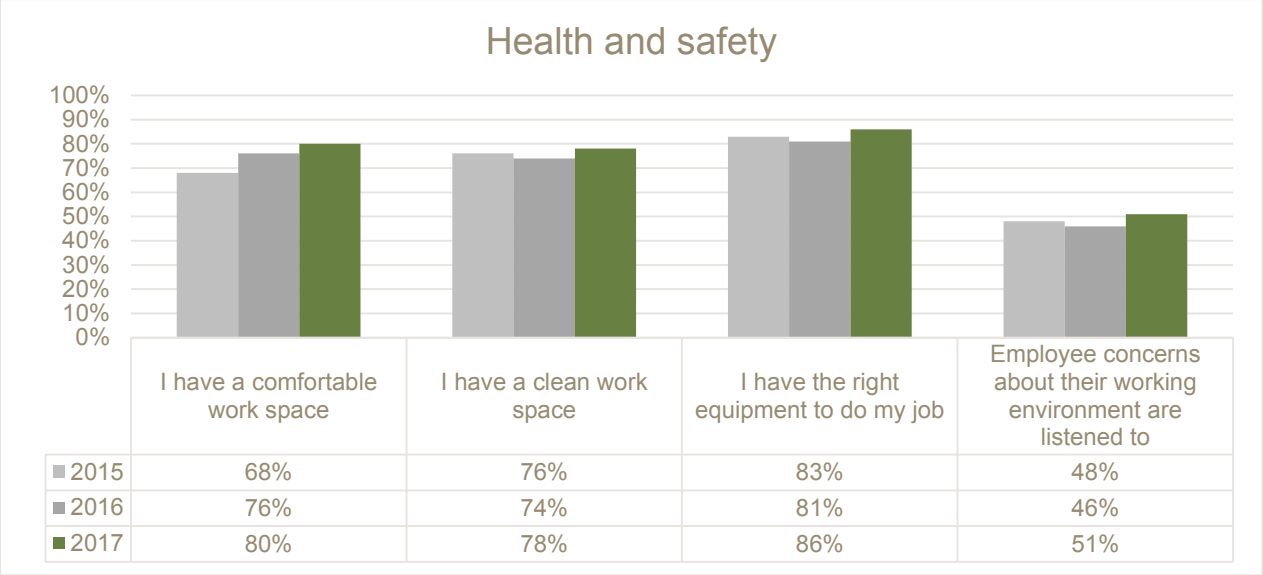
	Was your appraisal useful in helping to improve how you do your job?	Did you agree clear objectives for your work during your appraisal?	Did the appraisal leave you feeling your work is valued by NICE?	Did you agree a personal development plan (PDP) as part of your appraisal?	Did you receive the training that was identified in your PDP?
2015	65%	85%	74%	88%	47%
2016	63%	91%	73%	91%	43%
2017	60%	88%	71%	91%	54%

Of those who did have an appraisal, all overall responses are similar to the 2016 survey, with two exceptions. ‘Did you agree clear objectives for your work during your appraisal?’ has increased from 63% to 88%, and 'Did you receive the training that was identified in your PDP for 2014/15' which has improved from 43% to 54% this year.

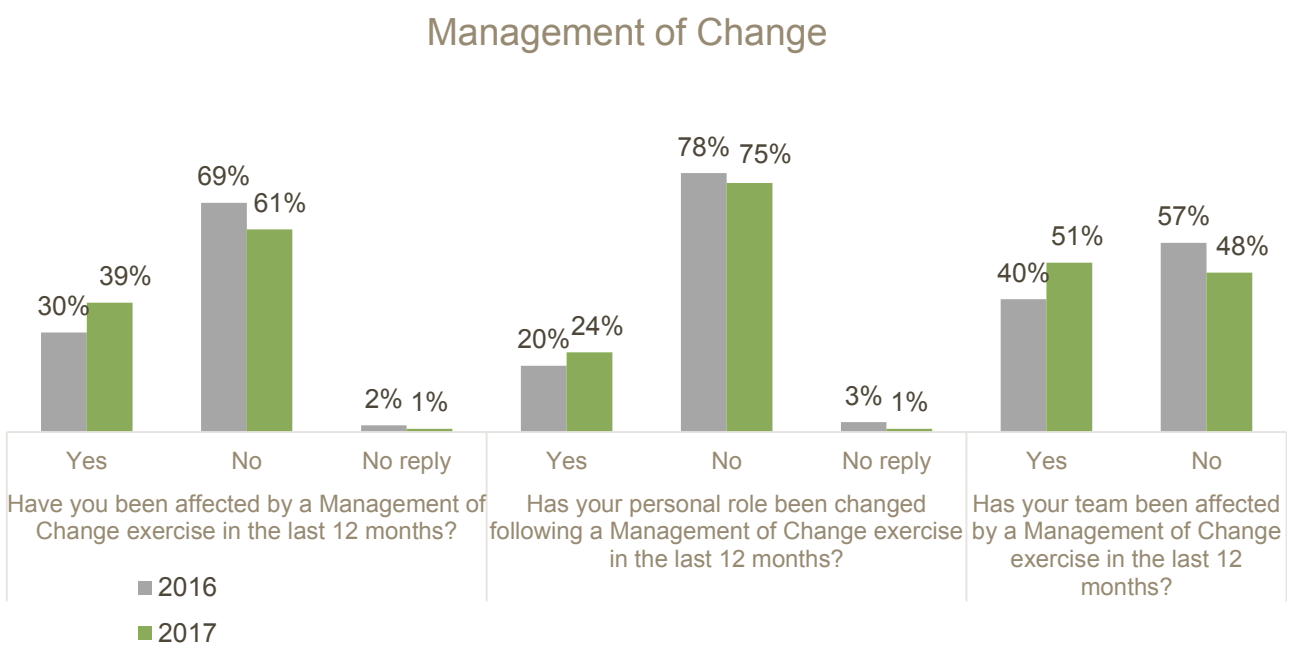


	My employer is committed to my learning, training and development	Training, learning and development has helped me do my job better
2015	68%	62%
2016	68%	61%
2017	72%	65%

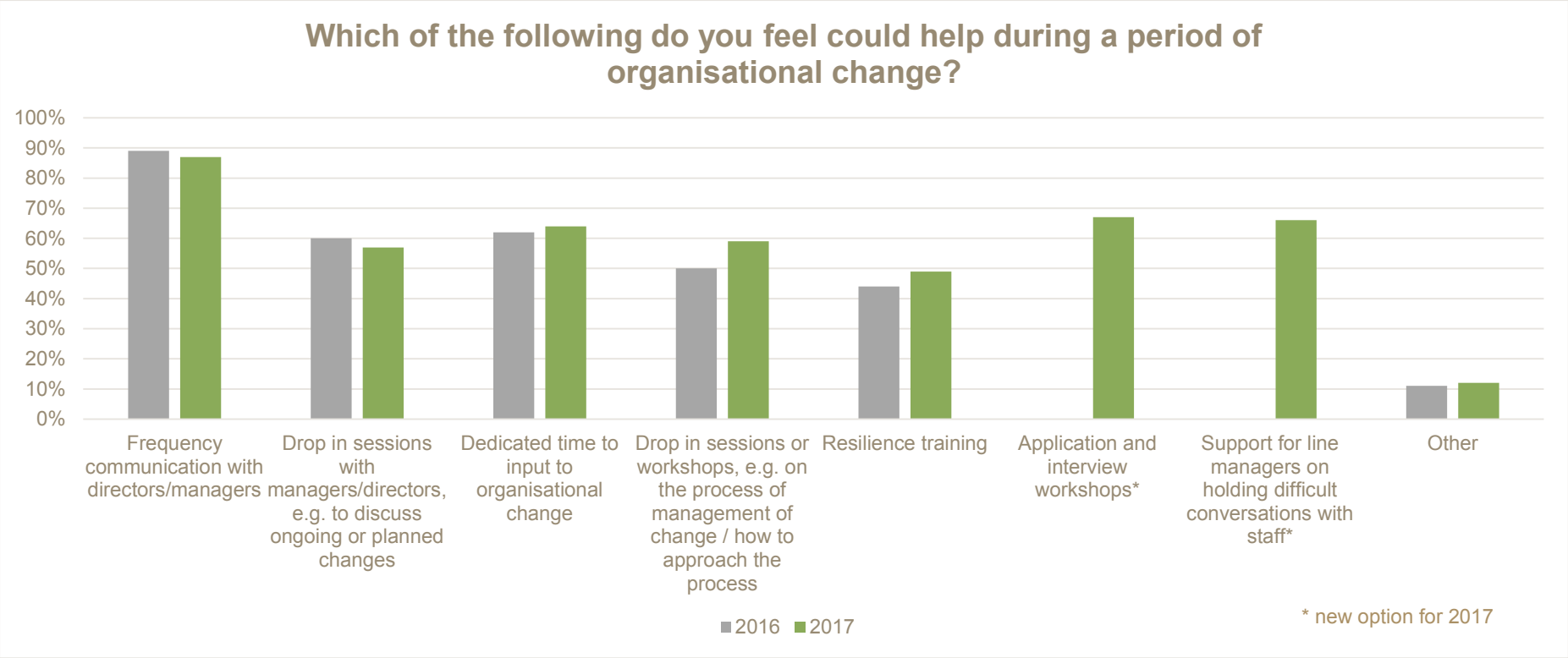
Both questions on training, learning and development have improved from last year. Training and development came up as both as the fourth most commented on improvement area (56 comments) but also was the 8th most commented on theme in the positive observations.



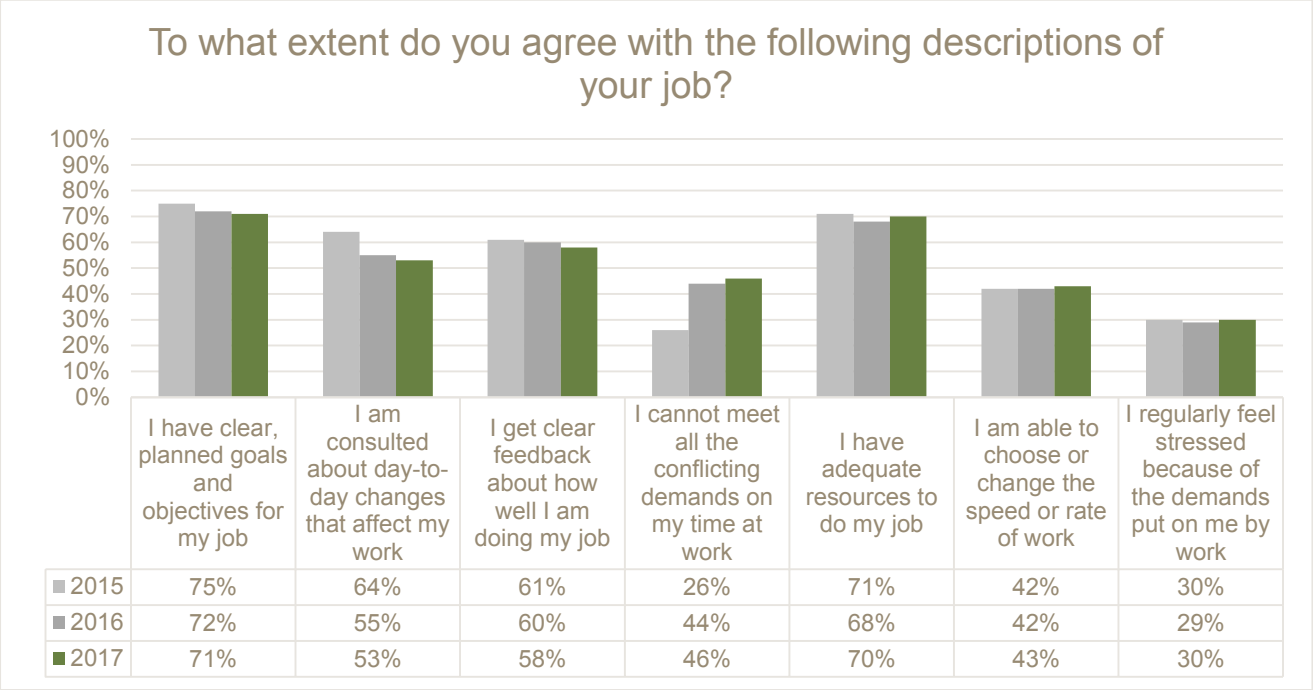
All questions in the Health and Safety section have improved from last year. The highest scoring question in this section was 'I have the right equipment to do my job' (up to 86% from 81% last year). The lowest scoring question in this section is still that 'Employee concerns about their working environment are listened to' but this is still up to 51% from 46%.



Overall more individuals have been affected by Management of Change than last year and more individuals believe their team has been affected. It is important to note here that this question has not been framed positively or negatively.

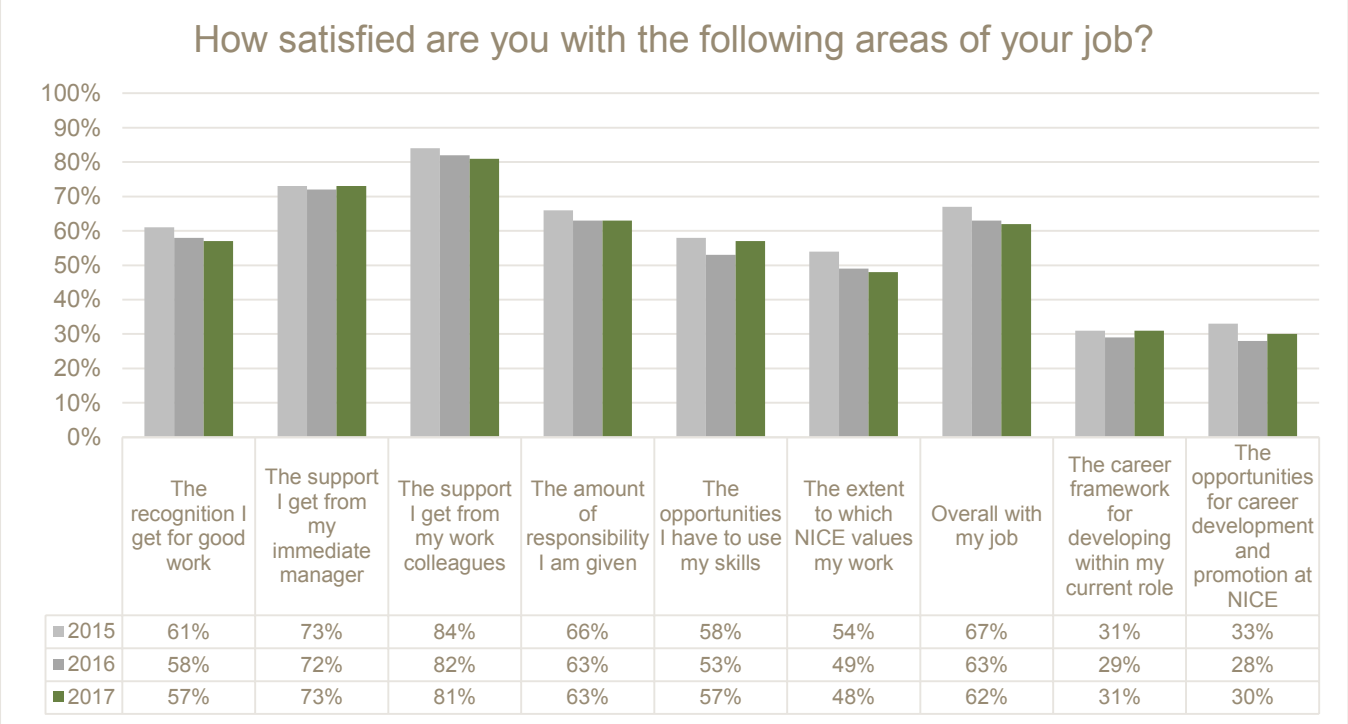


Overall staff feel that frequent communication from directors or managers would help the most during a period of organisational change. However, none of the possible selections got an under 50% overall with the exception of resilience training which was 49%. This suggests that all would be beneficial in the right circumstances. There was a free text option for staff to specify other ways to help during a period of organisational change.



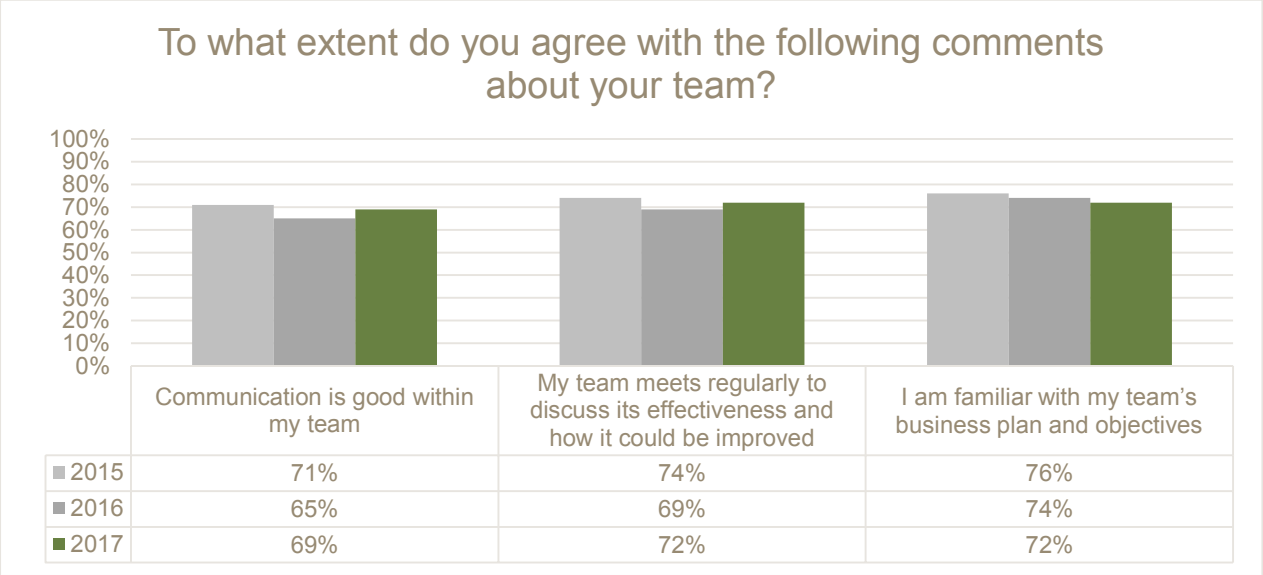
	I have clear, planned goals and objectives for my job	I am consulted about day-to-day changes that affect my work	I get clear feedback about how well I am doing my job	I cannot meet all the conflicting demands on my time at work	I have adequate resources to do my job	I am able to choose or change the speed or rate of work	I regularly feel stressed because of the demands put on me by work
2015	75%	64%	61%	26%	71%	42%	30%
2016	72%	55%	60%	44%	68%	42%	29%
2017	71%	53%	58%	46%	70%	43%	30%

The overall results in the Your Job section are similar to the results from 2016. Only 46% of individuals believe that they can meet all the conflicting demands on their time at work. The most cited improvement area in the free text comments was to improve office equipment and facilities.



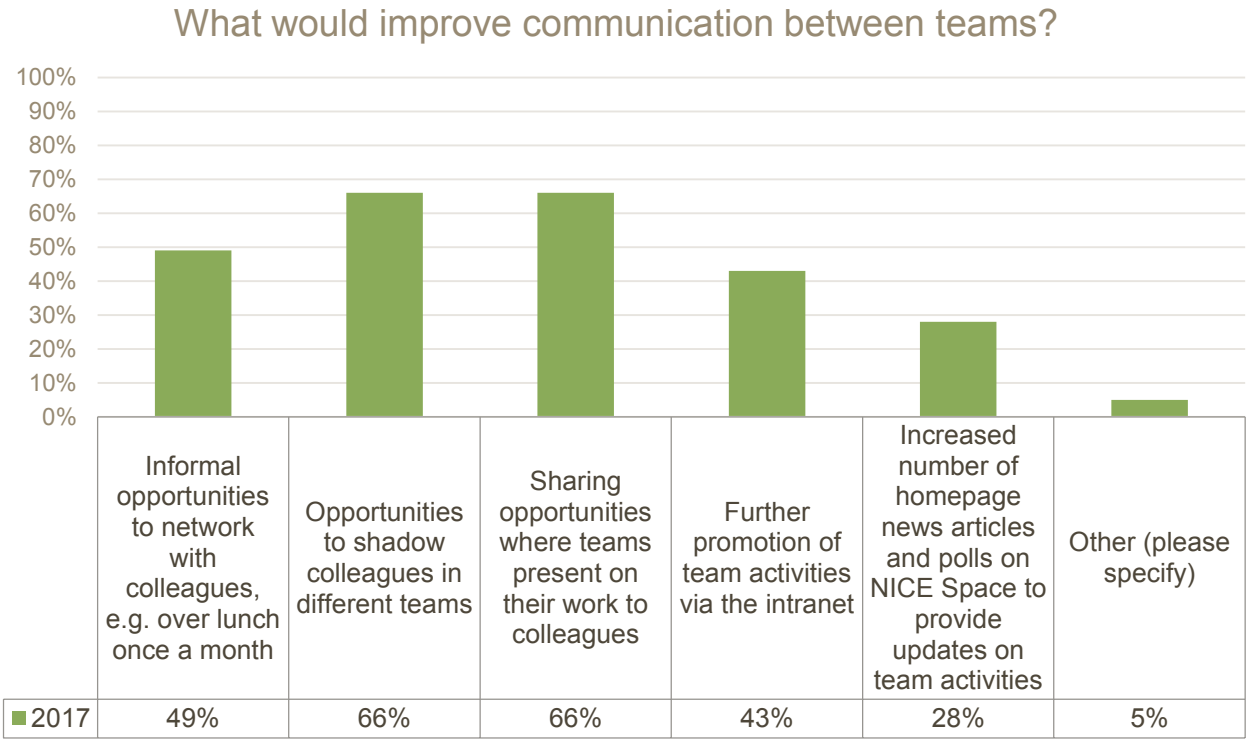
	The recognition I get for good work	The support I get from my immediate manager	The support I get from my work colleagues	The amount of responsibility I am given	The opportunities I have to use my skills	The extent to which NICE values my work	Overall with my job	The career framework for developing within my current role	The opportunities for career development and promotion at NICE
2015	61%	73%	84%	66%	58%	54%	67%	31%	33%
2016	58%	72%	82%	63%	53%	49%	63%	29%	28%
2017	57%	73%	81%	63%	57%	48%	62%	31%	30%

Overall individuals feel satisfied with the support from their colleagues (81%) and support from their immediate line manager (73%). Having supportive and friendly colleagues was the most cited positive observation in the free text comments.



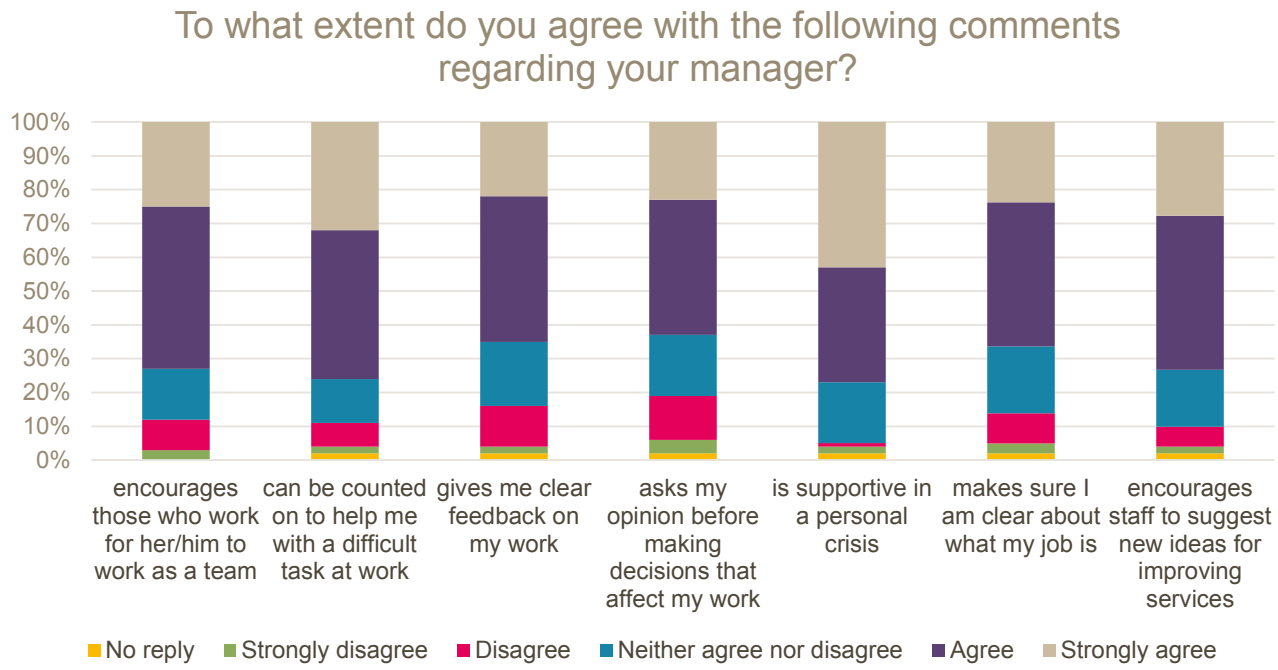
	Communication is good within my team	My team meets regularly to discuss its effectiveness and how it could be improved	I am familiar with my team's business plan and objectives
2015	71%	74%	76%
2016	65%	69%	74%
2017	69%	72%	72%

Overall communication within teams has improved slightly from last year (69% positive score from 65%). Improving communications and meetings was the second most cited theme in the free text for improvement areas.

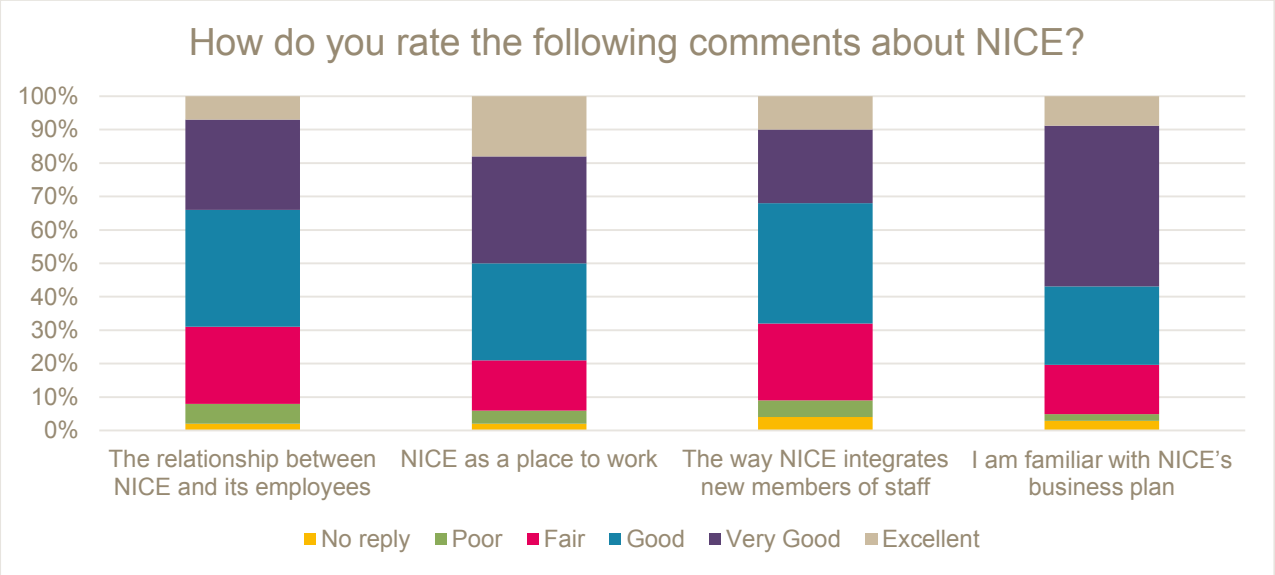


	Informal opportunities to network with colleagues, e.g. over lunch once a month	Opportunities to shadow colleagues in different teams	Sharing opportunities where teams present on their work to colleagues	Further promotion of team activities via the intranet	Increased number of homepage news articles and polls on NICE Space to provide updates on team activities	Other (please specify)
2017	49%	66%	66%	43%	28%	5%

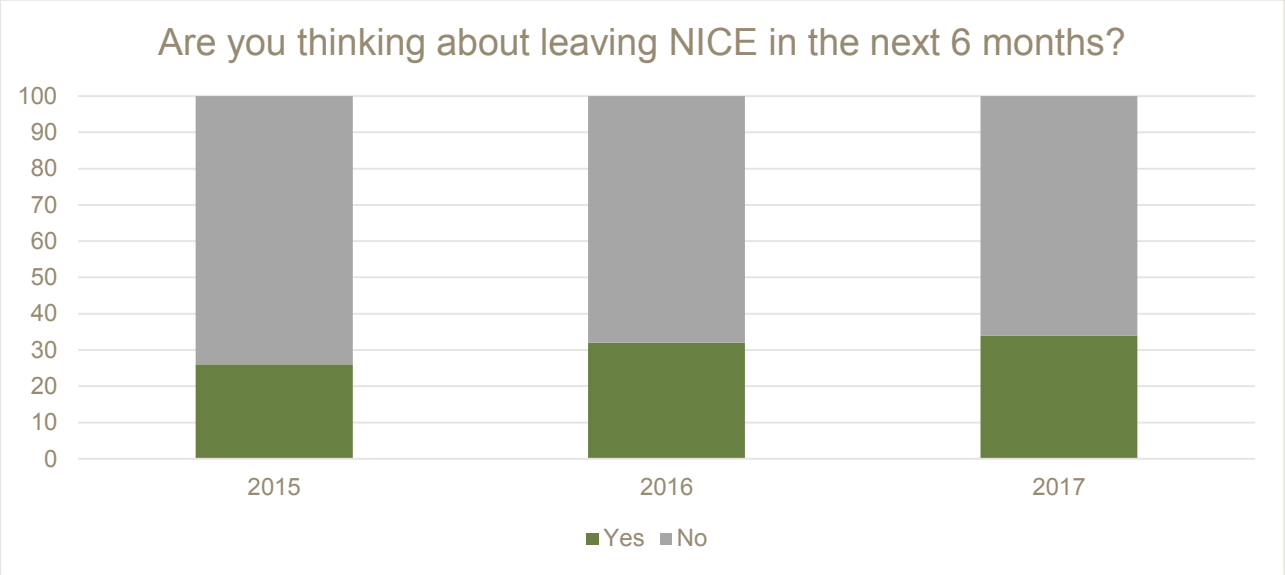
Individuals believe that both opportunities to shadow colleagues in different teams and sharing opportunities would improve communications between teams the most. 5% of individuals who completed the survey had other suggestions to improve communication.

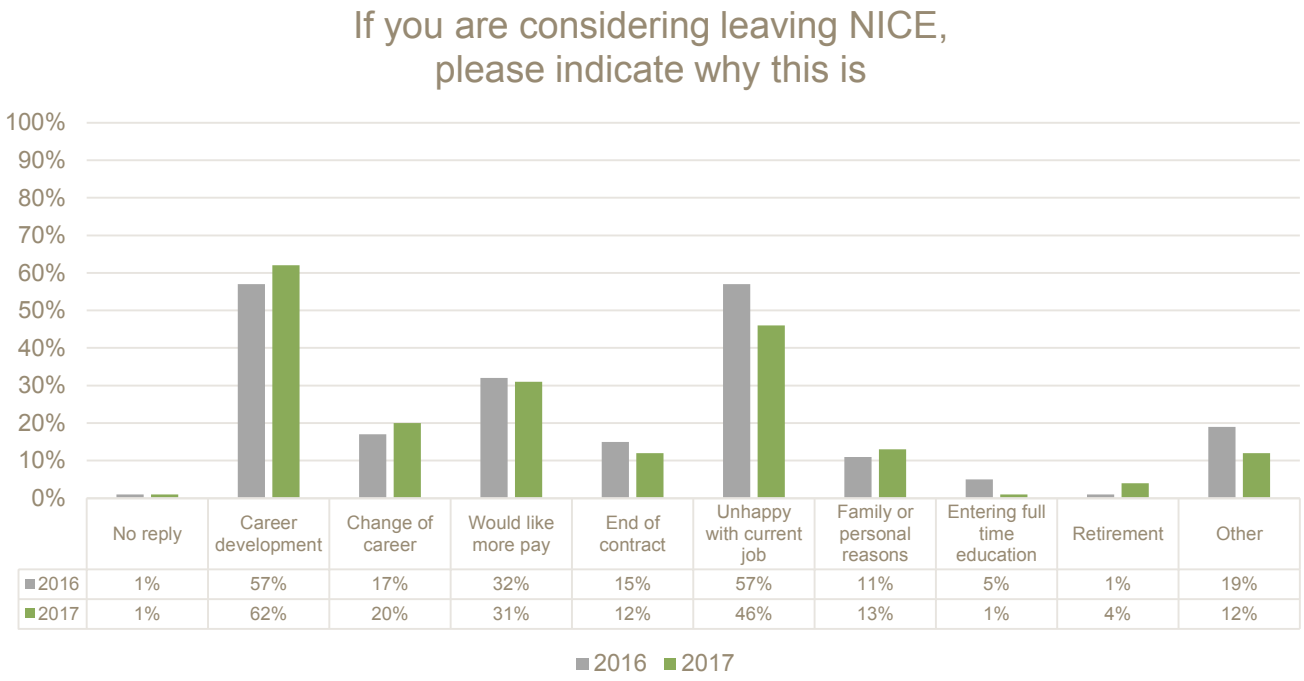


Most questions in this section are within 3% of last year's score, with the exception of 'My manager makes sure I am clear about what my job is' which has gone down from 71% to 67%.



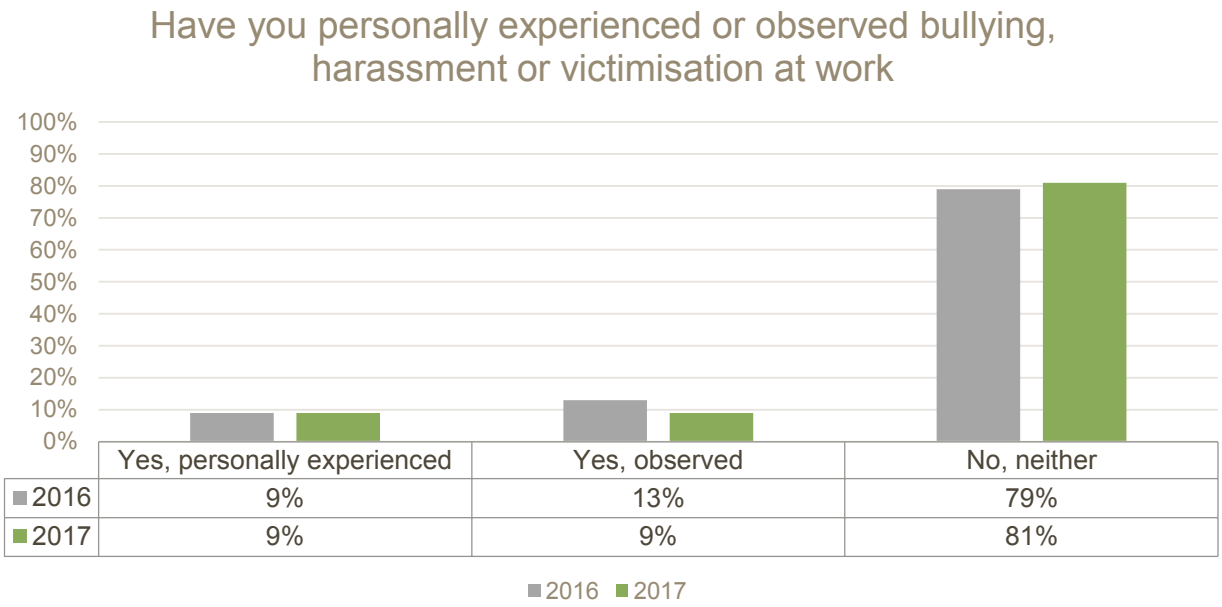
The positive ratings about NICE as an organisation have stayed within a 3% range of last year's scores. NICE's values and reputation was the third most cited positive observation in the free text comments.





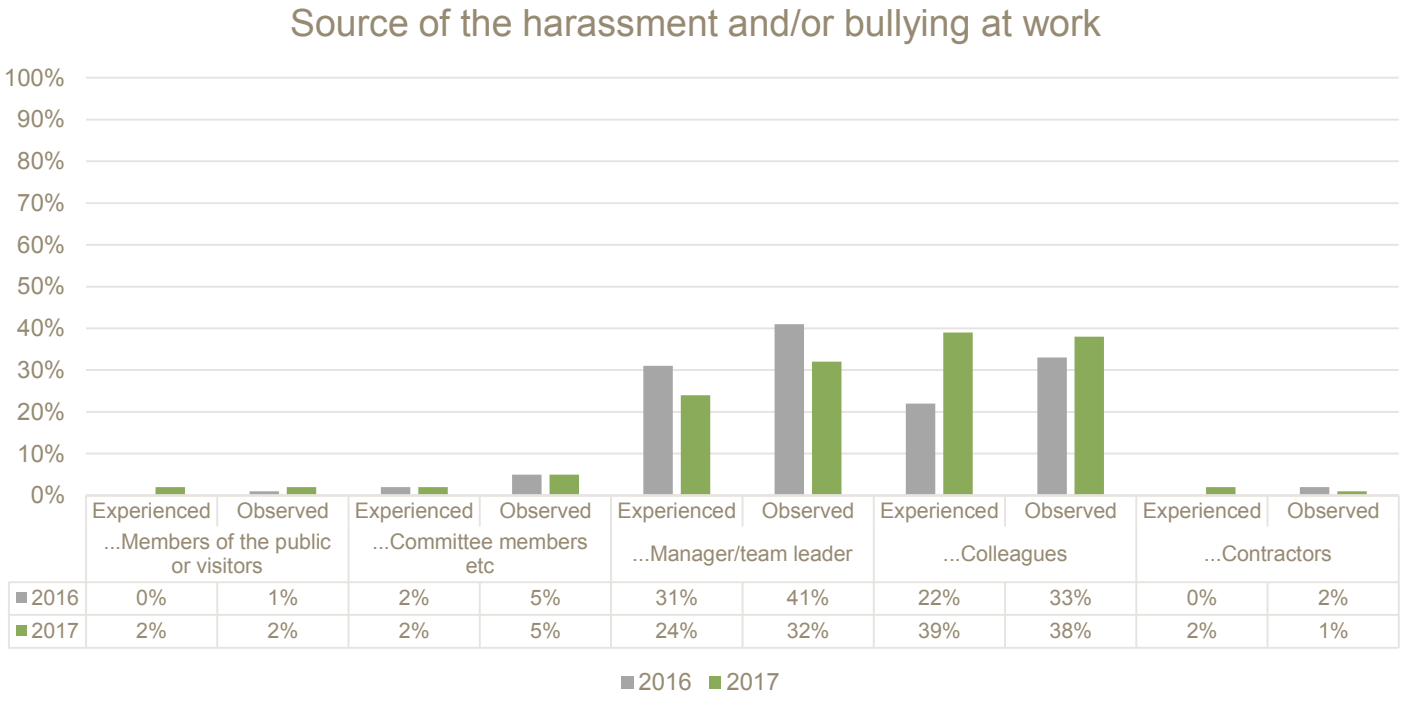
	No reply	Career development	Change of career	Would like more pay	End of contract	Unhappy with current job	Family or personal reasons	Entering full time education	Retirement	Other
2016	1%	57%	17%	32%	15%	57%	11%	5%	1%	19%
2017	1%	62%	20%	31%	12%	46%	13%	1%	4%	12%

Those who are thinking of leaving in the next 6 months were then asked their reasons for considering leaving. Individuals were able to choose as many of the options as they liked. 62% said they were considering leaving for career development and 46% because they were unhappy with their current job.



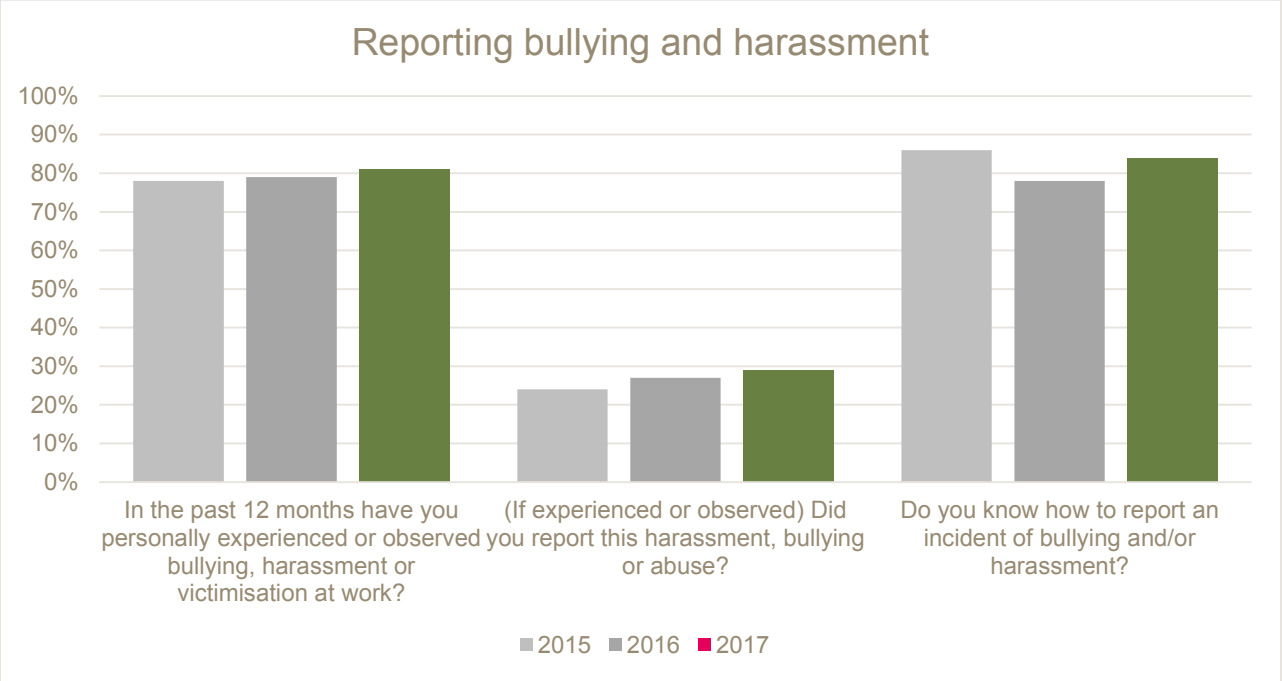
	Yes, personally experienced	Yes, observed	No, neither
2016	9%	13%	79%
2017	9%	9%	81%

All questions in Equal opportunities, Discrimination, Harassment and Bullying have stayed within the average range (within 3% plus or minus last year's score) or improved from last year.



	Experienced ...Members of the public or visitors	Observed ...Members of the public or visitors	Experienced ...Committee members etc	Observed ...Committee members etc	Experienced ...Manager/team leader	Observed ...Manager/team leader	Experienced ...Colleagues	Observed ...Colleagues	Experienced ...Contractors	Observed ...Contractors
2016	0%	1%	2%	5%	31%	41%	22%	33%	0%	2%
2017	2%	2%	2%	5%	24%	32%	39%	38%	2%	1%

Of those who have experienced or observed bulling or harassment at work 39% experienced it from colleagues and 38% observed it. 24% experienced it from manager or team leader and 32% observed it.



Of those who have experienced or observed harassment, bullying or abuse, 29% reported it.

All individuals who responded to the survey were asked the other two questions in this section. 84% of all individuals who responded to the survey know how to report an incident of bullying and/ or harassment but 28% of all individuals who responded to the survey believe that NICE take effective action.

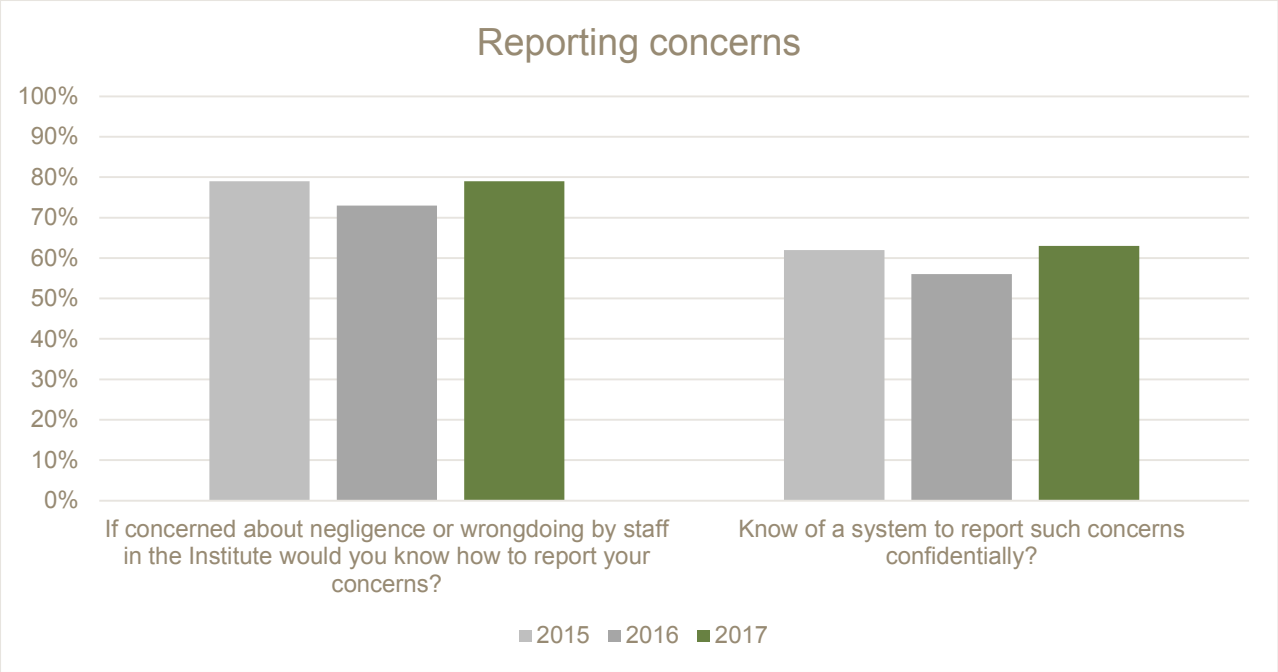
Overall, 3% of individuals at NICE have personally experienced discrimination and 3% have observed it.

Individuals who have experienced or observed discrimination where then asked to select what the grounds were for discrimination. Individuals could select as many options as they like and select that they both experienced and observed it.

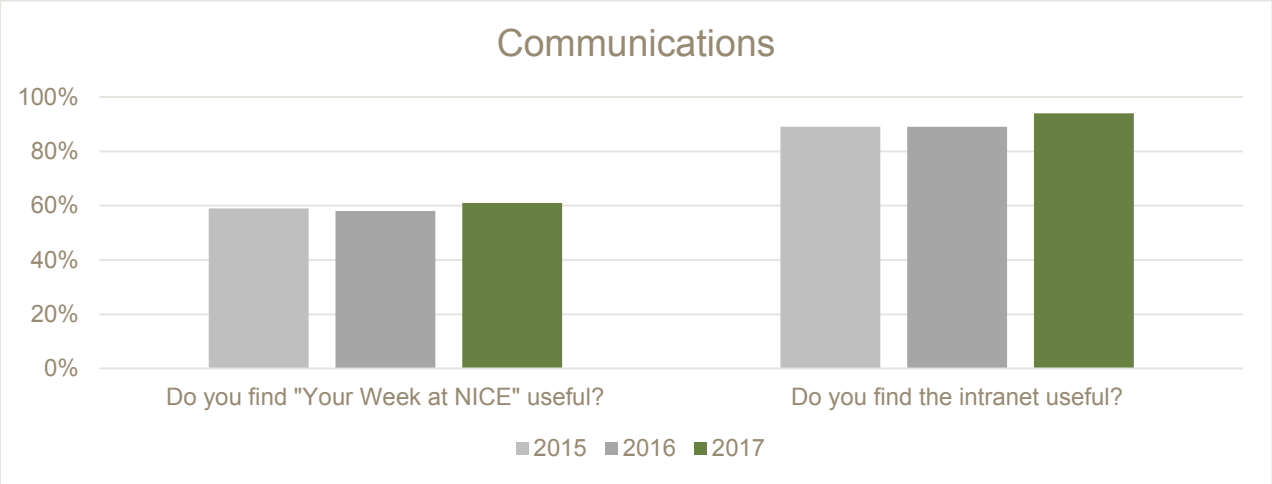
Of those who said they had personally experienced discrimination, 25% of individuals said it was based on age, and 25% said it was based on race. Discrimination on the grounds of pregnancy or maternity, sex, and sexual orientation were each reported by 11% of respondents.

Of those who had observed discrimination, 18% said that it was on the grounds of race. Discrimination on the grounds of sex and pregnancy or maternity was reported as being observed by 14% of respondents.

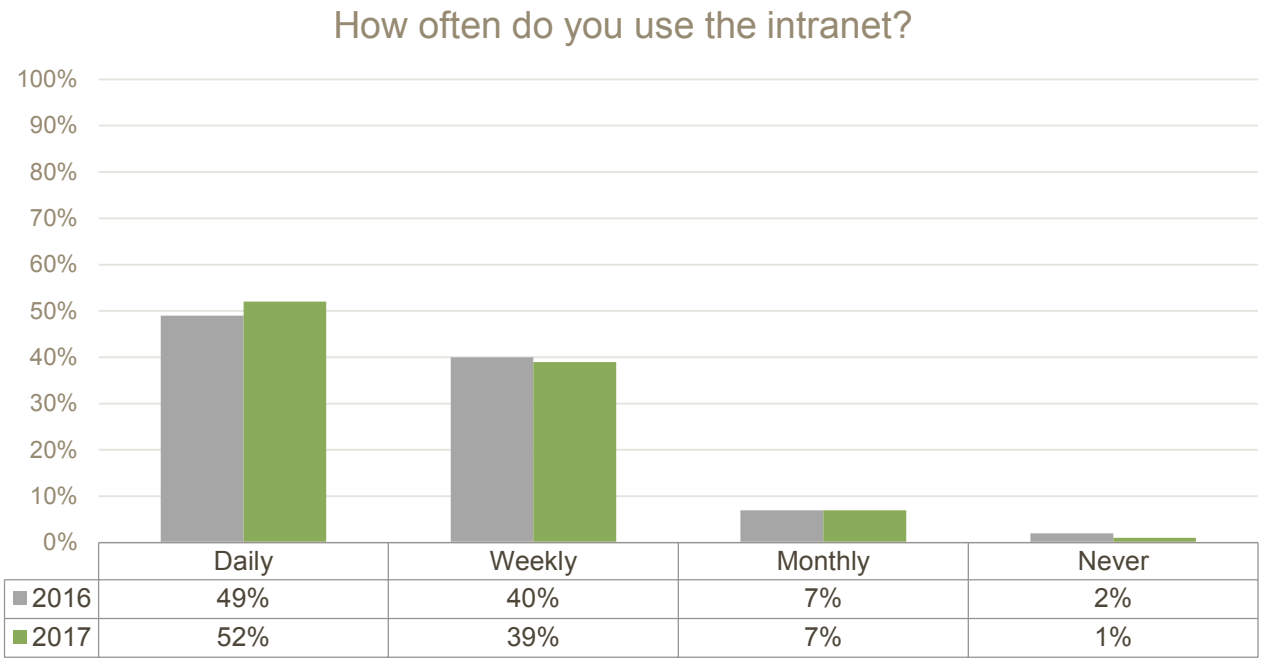
All those who had personally experienced or observed discrimination were asked if they reported the discrimination.12% reported that they had.

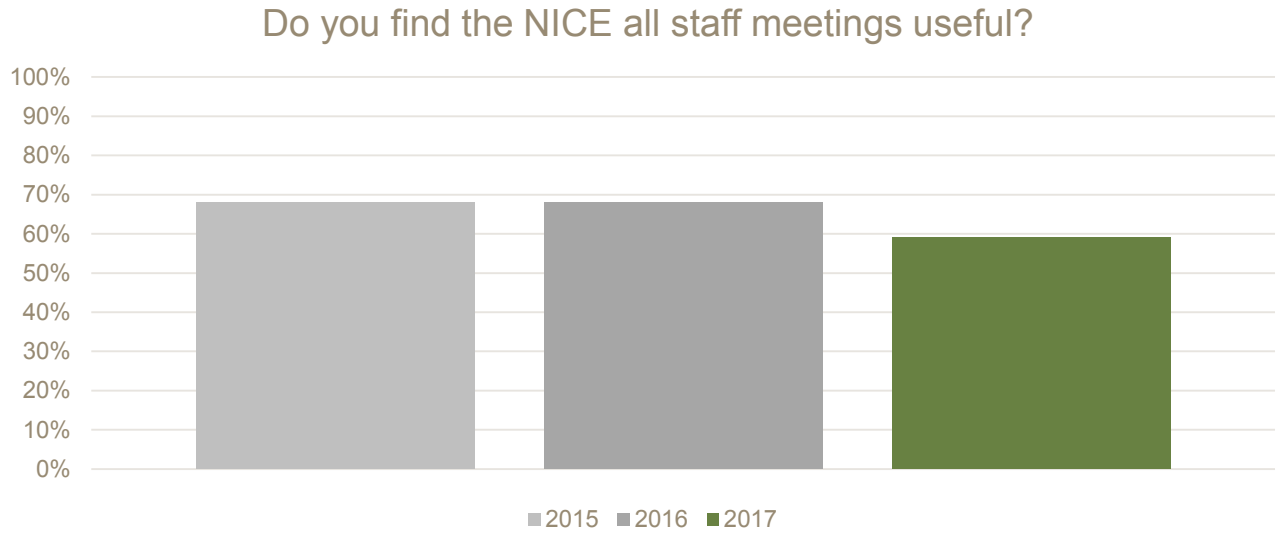


79% of individuals who filled in the survey know how to report concerns of negligence or wrongdoing. 63% know of a system with which to do this confidentially.



There has been a rise in people at NICE finding the intranet useful (from 89% to 94%).





4% of individuals never find the team meetings useful. 59% always or usually find the team meetings useful compared to 68% last year.

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Appendix B - Updated Action Plan 2016/17

Staff survey 2016 outcome	Proposed Actions	Actions taken
Training, career development and promotion 32% of staff feel that NICE is not committed to their development and training and 32% felt that they had not received the training identified in their PDP. The main reasons given for this were: • Lack of availability. • Time/work pressures. 28% of staff are considering leaving NICE in the next 6 months, the main reason being career development.	**Action: Promote dedicated time for staff and managers to undertake training** Promote a culture that gives dedicated time to e-learning as well as face-to-face learning, recognising the benefits that a variety of learning approaches brings. Training packages other than e-learning will continue to be provided to ensure that all learning styles are catered for. **Action: Further promotion and signposting of learning opportunities** Signpost learning opportunities across the organisation allowing individuals to act on their PDPs. Build on the successes of the lunch and learn sessions (HR) and Back to School Week in order to build upon our learning culture and enhance understanding and confidence in handling a range of issues **Action: To encourage individuals to take ownership of their own development needs** Investigate ways to encourage staff to take ownership of their training needs through various channels, to ensure that staff do address the development areas on their PDP. **Action: To continue to develop the mentoring programme** With the introduction of career conversations and talent management, further intakes onto the mentoring programme will be actioned as a means	NICE learning zone (our training and e-learning platform) was launched in January 2017 and provided clearer access to development and learning opportunities. NICE promoted Healthy Work Week in January 2017 and provided staff the opportunity to undertake training and taster sessions. A new learning and development policy is currently in development to support NICE's strategy behind training activity. NICE learning zone and Your Week@NICE has promoted themed lunch and learn sessions during the year. A review of the mentoring scheme is underway identify ways in which it improve even further, including the possibility of developing a specialist mentoring provision for apprentices. A total of 120 staff have attended Resilience training across London and Manchester, and e-learning materials are available via learning zone. We have also delivered sessions on promoting mental wellbeing, as well as stress management techniques such as

NICE as a place to work 79% of staff found NICE to be an excellent, very good or good place to work. 67% of staff felt that NICE has a good, very good or excellent working relationship with staff. A number of the free text comments were related to staff feeling stressed due to workload and implications of the management of change programme. A number of free text comments were made relating to the lack of communication from the organisation around the management of change programme.	to professional development, providing another development medium for staff. **Action: To provide resilience training to staff across NICE** To investigate a method of internal training tailored around resilience training for staff members while going through a period of change. The approach would need to be cost-effective and offer continuous support. **Action: To act upon the stress levels of staff working for NICE** A key theme from the staff survey was that individuals felt they were suffering from stress at work. More research is required to deepen our understanding of the root causes of this, so we can look for strategic solutions. **Action: To act upon raising awareness of mental health in the workplace** Many of the free text comments within the staff survey mentioned a more structured approach towards the awareness of mental health at NICE. There is a need to explore options to raise awareness and educate staff on mental health in the workplace. **Action: Increase staff engagement through partnership working and two way communication.** Encourage staff representatives to engage in two way communication. Make further use of internal communications polls and blogs to address some of the key issues highlighted in the staff survey. **Action: Increase awareness of staff benefits** Using internal communication methods, including NICE Space, to increase the awareness of the benefits available.	mindfulness. We have actively promoted NICE's Employee Assistance Programme which offers free confidential support on a range of issues including financial and legal matters, and counselling. The stress risk assessment tool has been evaluated and improved, with better supporting information for staff and managers. There will be a separate Health and Wellbeing survey launched in late 2017. Our January 2017 edition of NICEtimes was titled 'the wellbeing issue'. It included a feature on mental wellbeing in the workplace and health resources. A provisional approach has been agreed to run a two-day 'Mental Health First Aid' training session. HR Operations regularly meet with UNISON to discuss policy, procedure and practice, working in partnership to improve these. We set up a Joint Consultative Committee, where NICE and UNISON formally consult on the management of change. Last year we ran 17 HR related polls, 27 HR related news articles and 12 HR blog posts.

Office environment Most staff (76%) felt they had a comfortable work space, which was clean (81%). A number of concerns were raised in the free text comments relating to noise around the open plan office.	**Action: Signage around the office for identifying where designated areas are located** Investigate whether it is possible to place signs around the offices in both London and Manchester, in order to identify where quiet working areas and specific teams are located. **Action: A larger quiet working space within the NICE offices** Staff highlighted that options for quiet working spaces are limited, and that quiet working zones can be bordered by noisy colleagues. Review options with the facilities team to provide adequate quiet working zones whilst not inhibiting collaboration. A possible consideration is to broaden our homeworking provision for colleagues who need to concentrate on focused work.	NICE have introduced buffer zones in the open plan office so that staff can use quiet areas of the work space if required, although this is an optional facility and available at the discretion of staff and managers. We have introduced additional meeting room pods, increasing the quiet space available to staff. NICE also continues to promote the options for flexible working.
Bullying, harassment & victimisation 9% reported that they had personally experienced bullying, harassment or victimisation in the past 12 months. 2% of staff reported being discriminated against in the past 12 months.	**Action: Benchmark bullying & harassment stats against other organisations** Throughout the coming year, ensure we benchmark relevant bullying and harassment statistics within NICE against other organisations such as the Department of Health and the NHS. **Action: To raise awareness of bullying & harassment support and reporting procedures within NICE** Although reporting of bullying and harassment has fallen slightly in 2016, it is still a cause for concern. Options to be explored about how to address this issue, including promoting the bullying and harassment policy, ensuring line managers know how to handle complaints, and ensuring people feel safe and heard when raising their concerns.	The HR team launched a raising concerns page on NICE Space and ran various communications, including blog posts, to promote further awareness of the work that has been done in this area. Our January edition of NICEtimes featured a quick guide to raising concerns article. This was accompanied by a short animation on bullying and harassment. We ran lunch and learn sessions around 'Difficult Conversations' and 'Promoting Mental Wellbeing.' These were designed to help managers in better supporting any employee experiencing a difficult time, whatever the issue. The aim was also to improve management skills around

		listening, coaching, awareness of mental health in the workplace and supporting staff.
Health and wellbeing 90% of staff thinks NICE takes a positive interest in the health and wellbeing of its employees. 42% of staff have made a change to their lifestyle following healthy work week 76% of staff aware of health and wellbeing page on NICE Space.	**Action: Promotion of health and wellbeing to continue through the health and wellbeing strategy group** The health and wellbeing strategy group will now be project-managed by HR specialist services to ensure activities align to the wider business. The group will continue to build on its work from last year, and address key concerns raised in the staff survey including stress management, weight loss and increasing exercise. This will include Healthy Work Week in 2017. **Action: Communications to promote the health and wellbeing activities** Communications plan to provide more sustained communications throughout the year on health and wellbeing activities, including Healthy Work Week 2017. Promotion of healthy hobbies to feature in Your Week@NICE and include a feature within NICEtimes such as 'promoting stress management.'	NICE ran Healthy Work Week in early 2017, which received positive feedback from staff. Through the Health and Wellbeing Strategy Group, we have continued with the theme of healthy initiatives, such as providing further free fruit to staff in February and March 2017. NICE aligned the themes around '5 ways to wellbeing.' Our January 2017 edition of NICEtimes was titled 'the wellbeing issue'. It included a feature on mental wellbeing in the workplace and health resources. The July edition of NICEtimes included a feature on staff benefits, which incorporated health and wellbeing initiatives and support available to staff.
Communications 89% of staff find the intranet useful.49% of staff use the intranet daily, 40% use it weekly. 68% of staff usually or always find the all staff meeting useful. However 32% do not.	**Action: Increase the usefulness of communications tools** Continue to build on the success of communication tools such as NICE Space, and our weekly newsletter Your Week@NICE and encourage more staff to use it over the coming year, by engaging with staff and senior managers. Although usage is high, communications see this as an on-going task.	The Internal Communications team has invited feedback from staff around increasing the usefulness of their communication channels. Regular communications are circulated to enable staff to attend and engage with the all staff meetings. Importantly, even if people are unable to physically attend the meeting, they can still keep up to date through teleconferencing, presentation slides and minutes.

58% of staff find Your Week@NICE usually or always useful.	**Action: Maximise attendance at all staff meetings** Place a spotlight on the all staff meetings and also look at creating a video of the all staff meetings to share with home workers. **Action: To run 'inter-team communication' campaign across NICE** The campaign will run to showcase work in each directorate and provide opportunities for staff to learn more about their colleagues in other teams.	NICE Space statistics show that for the period 1 October 2016 to 31 March 2017, the all staff meeting presentation slides were each accessed an average of 134 times. Due to staff feedback and management of change implementation, the inter-team communication campaign was put on hold. The team aims to pick up this activity later in the year. In the meantime, inter-team communication on NICE Space continues to grow. Team blogs in particular are growing in popularity. As of February 2017, we had 27 active blog streams. In July 2016, we relaunched NICEtimes as a fully-responsive browser based magazine. This went on to win 'best use of digital platform – digital magazine or ezine' at the Chartered Institute of Public Relations Inside Story Awards.
Management of change 30% of staff said they had been affected by the management of change exercise and 67% said they had been personally affected.	**Action: Support directors and managers on effective communications during change** Investigate options to ensure best practice communication methods are shared during periods of change. This will include guidance on keeping channels of communication open, and support for having difficult conversations.	NICE has provided the following support for managers and staff: • resources available on the change page and 2020 programme page of NICE Space • launch of a new organisational change policy • preparing for change workshops • resilience training

89% of staff feel frequent communication could help with a period of change.	**Action: Provide reasonable dedicated time periods for staff to discuss and compile responses to consultations** To ensure that colleagues' feel valued and engaged with during consultation periods, reasonable dedicated time to discuss changes and compile responses to consultations would be helpful. This will help staff to feel that the consultations are meaningful, and support staff in providing high-quality suggestions and challenges which will help the changes to be successful. The opportunity to discuss change with colleagues can also aid staff resilience, by providing a support network to discuss difficult topics. **Action: Preparing staff for the change process and what it means for staff** Review support options for preparing staff for what the change process will mean for them, coping mechanisms for the emotions they may experience in themselves and their teams, and highlighting opportunities to engage in the consultation process.	• outplacement support for those individuals who will be leaving NICE through redundancy • application and interview workshops • promoting our Employee Assistance Programme Additional modules have been available on NICE learning zone since January 2017 in areas such as: • Leading and Managing Change and Transition • Personal Resilience • Stress Awareness • Developing Mental Toughness. Our October 2016 edition of NICEtimes included an interview with our Deputy Chief Executive, Gill Leng, on our 2020 vision.
Work-life balance 10% of staff members said they worked more than 10 additional hours on average per week and 84% of staff overall said that the reason they work additional unpaid hours was because it was necessary to do their job.	**Action: Identify any areas with particularly high levels of overtime, and identify ways to minimise unpaid overtime** Review where overtime is being worked, and the reasons why, to then work collaboratively to reduce the volume of unpaid overtime. The senior management team to provide support in reducing overtime when review is conducted. This could involve ensuring staff feel valued for their outputs, rather than the time they spend at their desk, so that staff are clear on expectations of working hours. Some staff or teams may need support with ensuring their work is aligned to strategic objectives and priorities, rather than spending time on activities which are not adding value. Colleagues may need the opportunity to re-evaluate various deadlines in line with what's achievable.	The HR team ran 'Promoting Mental Wellbeing' lunch and learn sessions to help managers identify where staff may be suffering from stress or in need of further support. Our January 2017 edition of NICEtimes was titled 'the wellbeing issue'. It included a feature on mental wellbeing in the workplace and health resources.

Appendix C - Proposed Action Plan 2017/18

Please note there will be a separate wellbeing survey to replace the relevant importance on Health and Wellbeing at NICE

Staff survey 2017 outcome	Proposed Actions
Training, career development and promotion 88% of staff felt they had agreed clear objectives for their work during their appraisal (63% in 2016), and 54% of staff felt they had received the training that was identified in their PDP (43% in 2016). 28% of staff feel that NICE is not committed to their development and training and 22% (32% in 2016) felt that they had not received the training identified in their PDP. The main reasons given for this were: • Lack of availability. • Time/work pressures. 34% of staff are considering leaving NICE in the next 6 months, the main reason being career development (62%).	**Action: To continue to develop the mentoring scheme** Further promotion/exposure of the mentoring scheme and ultimately an increased intake onto the scheme. This will ultimately improve lifelong learning and self-development through the opportunity of being a mentee. Complement annual appraisals and personal development plans. It will also build leadership and management skills by training staff to become mentors. **Action: Further development of the apprenticeship scheme** To go through a tender exercise to review our current providers to ensure we are providing high quality apprenticeships to our current and future apprentices, and maximising our use of the apprenticeship levy. **Action: Review of development opportunities** Appraisal data will be analysed, and directorate talent/training panels (where available) will be involved in conversations to better align our in-house training provision to our staff needs. **Action: Further understand why time/work pressures are a barrier to learning** Discuss with staff and managers why time and work pressures are preventing people from receiving the training identified in their PDP.
Bullying, harassment & victimisation All questions in Equal opportunities, Discrimination, Harassment and Bullying have stayed within the average	**Action: Communication regarding Bullying and Harassment** The bullying and harassment policy will be updated, and an effective comms plan will be developed to ensure this is successfully promoted. Management training sessions will be

range or improved from last year. But there are still some areas that are a cause for concern. 9% reported that they had personally experienced bullying, harassment or victimisation in the past 12 months. (9% in 2016) 3% of staff reported being discriminated against in the past 12 months. (2% in 2016)	developed and ran that will link to dignity at work factors including bullying, equality and victimisation **Action: Development of NICE values/behaviours** Work will be being undertaken on developing values/behaviours for NICE. This work should have a positive impact on culture and reduce bullying. **Action: Exploration of further Equality and Diversity Training** The exploration of further Equality and Diversity type training that could be offered will take place. This training will need to be suited to the needs of NICE and its employees. This is also likely to have a positive impact on culture and reduce bullying.
Management and Supervision 69% of staff felt the relationship between NICE and its employees is good-excellent. 67% of staff felt that their manager makes sure they are clear about what their job is, which is a reduction from 2016 (71% in 2016). A number of free text comments were made regarding the lack of visibility / involvement from Management and Leadership.	**Action: Development of Line Manager support** Further line manager training will be developed and offered to ensure they are aware of the expectations of line managers at NICE, and the range of support available to them. **Action: Increase visibility of leaders at NICE** Explore opportunities for senior leaders at NICE to be more visible.
NICE as a place to work 46% of individuals citing that they cannot meet all the conflicting demands on their time at work. This is an increase from 30%. A number of free text comments were made relating to the organisation not providing opportunities for staff to	**Action: Understanding conflicting demands at work** Find opportunities to understand the conflicting demands on our staff, and what NICE can do to address issues and support staff.

get to know each other across teams in a social perspective. All scores in the work-life balance section have improved from last year. 8% of staff members said they worked more than 10 additional hours on average per week. 86% of staff overall said that the reason that they work additional unpaid hours was to provide the best service and so that they don't let the team down that they work with (both 86% overall).	**Action: Understanding reasons for additional hours** The number of staff working additional hours has improved since 2016, but it is still high. It is likely that there is a range of reasons behind this, and may be linked to staff feeling that they cannot meet competing demands on their time. Explore reasons for unpaid overtime with staff and managers and identify ways in which this can be reduced. **Action: Promoting social opportunities** Consider ways in which NICE's social calendar could be improved and better promoted, and designed in collaboration with staff to ensure the events are appealing.
Management of Change 39% of staff said they had been affected by a management of change exercise and 24% said they had been personally affected. 51% said their team had been affected. 87% of staff feel frequent communication from directors or managers could help with a period of change.	**Action: Review of the management of change process** In 2017, the 2020 project team undertook a "lessons learnt" exercise to improve the consultation and implementation process. A key improvement is to encourage employee engagement much earlier in the process. **Action: Support directors and managers on effective communications during change** Communications during a MOC process to be improved by encouraged one to one interaction / consultation. To support successful engagement, it is important to create an environment where staff can truly be involved. 1-1s, team meetings, all directorate meetings, NICE space, Your Week@NICE and the Joint Consultative Committee are all currently in place and play a key role in the engagement process. **Action: Support and advice through change processes** Relevant support and advice will be offered through change processes, such as resilience training, leading through change or understanding change. This will help to support managers by providing them with the tools to deal with change effectively.

Communications 94% of staff find the intranet useful (89% in 2016 survey). 52% of staff use the intranet daily, 39% use it weekly. 59% of staff always or usually find the all staff meetings useful compared to 68% last year. 69% of staff felt communication within their team is good (an increase from 65% in 2016). 61% of staff find Your Week@NICE useful (58% in 2016 survey). A number of free text comments were made regarding the requirement of better communication and engagement with staff across the organisation.	**Action: Maintain and improve the usefulness of communications tools** Continue to build on the success of 2 of our key channels, NICE Space and Your Week@NICE Conduct an analysis of data to identify the most popular content, and conduct user testing to refine content and encourage more engagement. Continue to encourage a range of communication tools, including blogs, for our senior managers to cascade messages. **Action: Maximise attendance at all staff meetings** Continue to encourage all staff to attend chief executive meetings in Your Week@NICE and on NICE Space. Suggestions for meeting topics or improvement ideas can be made directly to Andrew Dillon. **Action: Provide additional communications about team specific information** Promote the use of team pages on NICE Space, homepage news articles, polls and blogs. Promote organisational charts. We will also need to promote the movers and shakers process which is key to ensuring staff information is as accurate as possible. **Action: Increase staff engagement through reinvigoration of partnership working and two way communication** Staff representatives have already been appointed to engage in two way communication as part of the partnership working group. This group needs to be reinvigorated and promoted to make full use of this engagement initiative and improve two way communication between the organisation and its staff. Make further use of NICE Space articles, polls and blogs to address some of the key issues highlighted.

Office environment Most staff felt they had a comfortable work space (80%), which was clean (78%). However a number of concerns were raised in the free text comments relating to noise around the open plan office. A number of concerns were raised regarding the cleanliness of the office / kitchens / toilets / showers. A number of concerns were raised regarding the office temperature, saying that it is either too hot or too cold. A number of concerns were raised regarding the teleconferencing and videoconferencing facilities, saying that they are difficult to use and unreliable.	**Action: Directorate responsibility for quiet working zones** Directorates to decide for themselves whether a quiet working zone is required. Facilities can support with this where required. **Action: Cleanliness** NICE have appointed a new cleaning contractor in April, therefore we are currently in a settling in period. This will continue to be reviewed and improvements made on an ongoing basis by Facilities. Manchester facilities are being refurbished and are due to be complete in September. Facilities to work with internal comms regarding the responsibility of employees to ensure we all work together so that have a clean environment to work in. **Action: Promotion** Facilities will build on work they've already done with internal comms to promote all the good things about our offices. As part of a communications plan, we'll include messages on differences in temperature and reiterate our process for monitoring the office. As part of our commitment to provide a pleasant working environment, we'll give staff the opportunity to feedback on issues through the helpdesk, NICE Space polls and staff survey. **Action: Promotion of facilities tools** Facilities to work with internal comms on a promotion exercise regarding facilities, how to use them (e.g. teleconferencing and videoconferencing), as well as how to report any issues. There is a lot of information regarding this on NICE Space, therefore this exercise will be to promote this information more effectively to ensure employees are aware of it.

National Institute for Health and Care Excellence

NICE Scientific Advice management arrangements

This briefing paper provides an update to the Board on activities to establish NICE Scientific Advice (NSA) as a Business Unit within NICE. Final proposals will be subject to Board approval.

The Board is asked to:

- Note the current activities to establish NICE Scientific Advice as a Business Unit within NICE.

Professor Carole Longson

Director, Centre for Health Technology Evaluation

September 2017

Background

1. Established in 2009, NSA is a fee for service programme within the Centre for Health Technology Evaluation. NSA provides consultancy services to the developers of medicines, medical devices and diagnostics - aiming to help companies to take better account of the evidence required to support health technology evaluation by NICE and other HTA and payer organisations. NSA also provides educational seminars. NSA has been successful in increasing the demand for its services and has grown from 3 WTE at launch to a team of 17 WTE today.

2. Further growth of NSA is considered achievable, strategically important and aligned with NICE's objectives as it supports the generation of more robust evidence to support evaluation and subsequent adoption of important health technologies in delivering patient care. The Triennial Review of NICE in 2015 recommended that NICE explores the opportunities for expanding NSA and considers how it could be delivered more effectively through a different model.

3. Following the Triennial Review recommendation and increased exploration of potential commercial activities throughout NICE, Grant Thornton was engaged by NICE to provide financial and commercial advice on potential delivery vehicles for NSA. The report provided a clear recommendation that NSA should be set up as a Business Unit retained within the NICE legal entity and with increased levels of devolved autonomy.

4. Based on a presentation of the key study findings by Grant Thornton to the SMT in May 2017, the SMT endorsed, in principle, the establishment of NSA as a Business Unit within NICE. In July 2017, the SMT approved initiating the implementation activities on the basis that the proposed detailed arrangements would be subject to Board approval.

5. Building on the Grant Thornton findings and recommendations, this paper outlines the proposed structure and governance framework for the NSA Business Unit. Further detailed consideration of all aspects of the Business Unit is currently in progress and final proposals will be presented to the Board for approval prior to implementation.

Structure of the NSA Business Unit

6. In delivering the benefits of operating as a more autonomous Business Unit within NICE, it is important that appropriate decision making authority is devolved to NSA whilst also ensuring that robust systems are in place to minimise reputational and financial risks to NICE. It is proposed that oversight of NSA is provided by an NSA Management Board. The NSA Management Board

will be charged with supporting NSA development and growth, and through NICE membership at a senior level, will also balance this with ensuring that NICE's overall objectives, reputation and interests are not compromised.

7. The composition of the NSA Management Board will be:

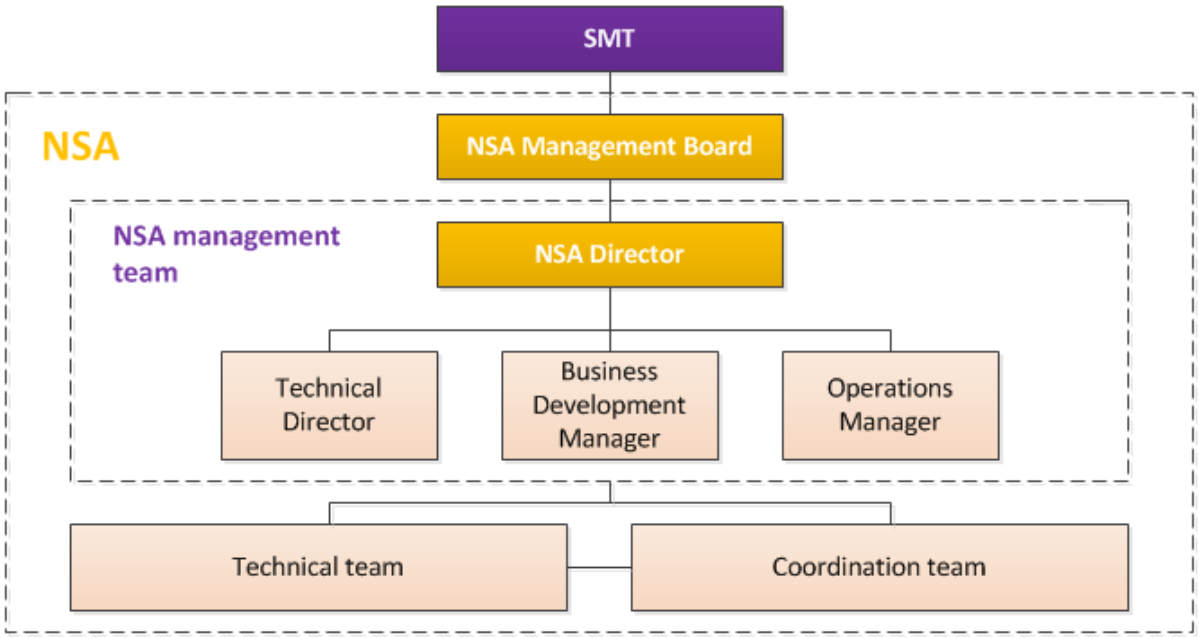
    - Chair – NICE CHTE Director
    - NSA Director
    - NICE Director of Business Planning and Resources
    - NICE Programme Director, Scientific Affairs
    - 2 advisory members with experience of the life sciences industry. Remuneration will be offered to these members based on current NSA rates for expert input to client projects

8. The NSA Management Board will:

    - Set the NSA business plan targets, including realistic growth targets, and monitor progress against plan
    - Be the approval authority for proposals relating to NSA business, operations and service developments where these are consistent with an agreed governance framework (see below)
    - Escalate opportunities and issues to the NICE SMT and Board where these are outside of the agreed governance framework or where escalation is needed to allow NICE to manage financial or reputational risks
    - Proactively support NSA success and growth through identifying new business opportunities and clients and supporting best practice in the operational delivery of services.

9. The NSA team structure will be based on the Grant Thornton recommendations. An illustrative structure is shown below. It is envisaged that all roles can use the NHS Agenda for Change (AfC) structure.

10. Most of the roles in the new business unit will be filled by current NSA staff and as the expectation is NSA growth, no redundancies or potential redundancy situations will arise. A process is under development with NICE HR Department to ensure the fair appointment of staff to roles in the new structure.



Governance Framework

11. As part of the current implementation project, a governance framework is being developed. This will detail the extent and limitations of devolved authority to NSA and the NSA Management Board. As highlighted in the Grant Thornton report, this governance framework is critical as it will form the basis to guide where NSA can act alone and where referral to NICE Senior Management is necessary. The NICE Standing Orders and Standing Financial Instructions will require amending to reflect the NSA Business Unit.

12. The governance framework will describe defined levels of devolved authority in several areas, including service development, business development investments, financial management, communications and staff recruitment and retention. Illustrative examples of issues that will be included in the governance framework are shown below:

Service Developments

13. The introduction of new services has been a significant driver for NSA growth to date. The governance framework will document the key issues that need to be considered when taking decisions on the introduction of new services. This will provide clarity on where it would be appropriate for the NSA Management Board to approve the new service and where escalation to the NICE Senior Management would be needed.

Business Development Investments

14. It is anticipated that most business development decisions will be made within the NSA Business Unit and through the management board. The governance framework will include clear business development investment criteria such that business opportunities are managed in the context of the financial and reputational risks incurred. Clear guidance will be included in the framework to ensure that activities such as conference and event activities are appropriate and proportionate. The framework will provide clarity on where referral outside of the management board is necessary for high profile business development activities.

Financial Management

15. It is envisaged that NSA will apply project accounting and that a business analyst resource to support this will be included in the NSA Business Unit. As the NSA business unit will remain part of the NICE legal entity, it is essential that any project accounting infrastructure interfaces seamlessly with the overall NICE financial processes, systems and ledger. The governance framework will define how the NSA business resources interface with the NICE financial systems. Overall financial management, statutory financial duties, financial services and governance will remain within the core NICE finance team. NSA will continue to be reported as a segment within NICE's accounts.

Communications

16. It is envisaged that NSA will develop and manage its own web site in close collaboration with the NICE Communications Directorate. Clear guidance will be included in the governance framework to ensure that communications, including corporate branding and use of the NICE logo, are appropriate and to provide clarity on where referral to the NICE Communications Directorate is necessary.

Staff Recruitment and Retention

17. Proposals are in development for terms and conditions of service for NSA staff and arrangements for recruitment and career management that reflect the intention for significant further business growth. It is envisaged that the AfC pay scale will continue to be used and the flexibilities within AfC will be explored.

Implementation of the NSA Business Unit

18. Implementation work is currently in progress. We aim to bring final proposals to the January 2018 Board meeting for approval leading to the formal implementation of the NSA business unit within the 2017/18 business year. We are seeking expert external support to help us deliver such a significant change to the operating model for NSA within this timescale. The external contribution will be funded from the NSA reserve and this was approved by the NICE SMT, subject to the additional DH approvals processes.

19. During the implementation project, the on-going support required from NICE HR and Finance will also be considered. Currently, these are funded through NSA overheads contributions. Depending on the level of support needed, alternative funding mechanisms may be required.

Conclusion

20. The NICE Senior Management Team has accepted the Grant Thornton recommendation that NSA should be established as a Business Unit within NICE. Subject to Board approval of the final proposals, we wish to establish the Business Unit by the end of the 2017/18 business year.

21. The Board is asked to:

    - Note the current activities to establish NICE Scientific Advice as a Business Unit within NICE.

National Institute for Health and Care Excellence

September 2017

National Institute for Health and Care Excellence

Public involvement strategic review - development of an Expert Panel

This report provides the Board with additional detail on the proposal for developing an Expert Patient Panel, along with proposed Board-level metrics to support the roll-out of the strategic review.

The Board is asked to consider and approve this supplementary information.

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

September 2017

Introduction

1. This report builds on the public involvement strategic review paper considered by the Board in July 2017. The Board supported the general approach to the strategic review proposals, but asked for additional information about some of the developmental areas covered in the July paper.

2. This report provides more information about the new panel of patient and public participants, with some additional information about the strategic context in which this will operate. In particular, the paper focuses on the details behind how this panel will be comprised and administered, with some initial success measures against which progress will be reported to the Board.

Strategic direction

3. NICE has a long-standing reputation for the quality of its patient and public involvement activities and wishes to build on the areas of good practice while improving others. Key areas of the Public Involvement Programme's (PIP's) work include the induction, ongoing support and tailored training for our patient and public participants, and the relationship management work with charities and the voluntary and community sector. These will continue to be delivered to the same usual high standards.

4. As discussed at the July Board meeting, there are some areas where NICE's Public Involvement Programme (PIP) needs to enhance its work to continue to support the involvement of patients, carers, and people who use services. Where possible we will use areas of good practice elsewhere in NICE as the building blocks for some of these enhancements. These include activities such as the Centre for Guidelines' expert adviser panel, and the Medicines Associates' community of practice. We are considering the structure of the PIP team members' areas of responsibility to most effectively deliver the future service, including the recruitment of patients and the public.

PIP Expert Panel and committee recruitment

Rationale for a new Expert Panel

5. Recruiting and identifying patient and public participants and committee experts takes a large amount of resources within the Public Involvement Programme and across NICE teams. To make this sustainable for the future, especially in light of increasing numbers of technology appraisals, we need to make the process more efficient. We also need to enhance the mechanisms

by which people can engage with NICE, and ensure that we do not lose the expertise in those patients and public participants who have worked with us.

6. The name of the Panel now includes the term 'expert' to confer the appropriate status on the panel members. In the July Board paper it was called the 'People's Panel'.

Role of the Panel

7. The aim of the Public Involvement Programme Expert Panel is to provide:

    - an expanding pool of patient and public expertise with knowledge and experience of NICE's work to contribute to NICE committees
    - an efficient mechanism to identify patient and public contributors, enabling access to specialist input as experts, reviewers and as members, without going through an open recruitment process on each occasion
    - peer support to newer patient and public contributors, alongside support provided by NICE staff.

8. The Panel will be used to identify topic expert committee members (currently also known as 'specialist members') and patient experts, wherever possible. If there is no-one suitable, we will run the standard recruitment and/or nomination processes. Open recruitment will continue for core committee members, and for guideline committee members for brand new subject areas and substantive updates. Details of where Panel members will input to committees is given in Appendix 1.

9. To make the best use of Panel members' expertise, they will be recruited to cover a specific topic area, or areas. We will seek expressions of interest from the Panel when new opportunities arise, within their topic area. The areas will include all topics where we know we have a need for regular input from patients and the public, including:

    - Cancer
    - Cardiovascular disease
    - Diabetes
    - Musculoskeletal disease
    - Mental health
    - Respiratory
    - Women's health
    - Antimicrobials and infectious disease.

Recruiting to the Panel

10. Initial recruitment to the Panel will be from alumni members of committees and former expert patients, including anyone in these roles in the last 2 years. An invitation will be sent to all such alumni asking for expressions of interest in being part of the Panel, and for information about their interests and experience. References will be sought from the relevant NICE teams. Based on references and expressions of interest, we will aim to select 5-10 Panel members for each topic area.

11. Where there are any gaps in topic areas covered on the Panel, we will recruit additional members through an open recruitment process against a standard set of criteria, and against the relevant topic areas. Applications will be assessed against a standardised role description and person specification, akin to our current recruitment processes.

12. We will take account of NICE's Equality Objectives in establishing a diverse membership. We will promote the Panel as an opportunity to work with NICE for people who might not be able to join a NICE committee such as those who are unable to travel long distances, or are too unwell to commit to a full term of office on a committee.

13. Once a year there will be a review of the Panel and its membership. We will: 1) confirm that existing members are happy to continue on the Panel; 2) write out to any committees that have concluded their work during that year, and ask for expressions of interest in the Panel from any patient or public members; and 3) review which topic areas have required most input from the Panel during that year. The expressions of interest may then generate new Panel members, depending on the volume of activity and whether anyone wishes to stand down. Otherwise we will create a list of interested potential members for the future.

14. As each member approaches 3 years on the Panel, their membership will be reviewed by mutual consent, for a maximum of a further 3 years.

Ongoing engagement with Panel members

15. We will ensure there are mechanisms in place for keeping panel members engaged, such as regular bulletins on NICE's work, recent publications, opportunities within other Arm's Length Bodies, relevant news items etc. We will offer Panel members opportunities to take part in online training and webinars on various aspects of NICE's work. We will also ask Panel members to act as virtual reviewers for the Public Involvement Programme's documents,

web pages, and new products as needed. They will also act as virtual 'focus groups' on an as needed basis.

16. Panel members will be able to provide each other with peer support and mentorship e.g. through mechanisms such as a restricted Facebook group. We will work with the Medicines and Technologies Programme and adapt their Medicines Associates' community of practice work as a precedent for this.

Implementation

17. Recruitment to the Panel will begin in the autumn, following Board approval, with the aim of having the membership in place by January 2018. Establishing the Panel may have implications for other teams' established processes, and we will implement this and the other recommendations from the strategic review in a manner appropriate to each affected programme.

Measures of success

18. From April 2018/19, the routine reports to the Board showing recruitment of patient and public committee members will include the proportion identified from the Expert Panel.

19. The annual Public Involvement report will provide detail on the numbers in the Panel, resource use to support the panel, and feedback from the members.

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Appendix 1- Use of the Expert Panel when identifying patient and public participants

Type of PPI participant	Primary role	Involved in committee decision making Y/N	Approach
Core member of a standing committee	Public or citizen perspective with relevant experience[1]	Yes	Each vacancy advertised and recruited to individually
Member of a topic-specific committee e.g. a guideline committee	Specialist patient, carer or user perspective	Yes	For entirely new topics and substantive updates, vacancies will be advertised. For smaller updates vacancies filled from **the Panel in the first instance.**
Topic expert member of a standing committee e.g. diagnostics advisory committee Quality Standards Advisory Committee	Specialist patient, carer user or community perspective	Yes	Vacancies filled from **the Panel in the first instance.**
Patient or public expert at a standing or topic-specific committee	Specialist patient, carer or user perspective	No	Vacancies filled from **the Panel in the first instance**. Where this isn't possible, nominations will be sought from relevant stakeholder organisation or via self-nomination

[1] Core committee members generally have health, public health or social care experience rather than providing a disinterested 'taxpayer' perspective

National Institute for Health and Care Excellence

NICE's contribution to antimicrobial stewardship

This paper gives details of an HTA methods research project to explore a potential role for the NICE Technology Appraisals programme in the evaluation of new antimicrobials with high potential for addressing unmet need. The paper also provides brief updates on NICE's other work streams related to antimicrobial resistance (AMR).

The Board is asked to:

- Receive an update on the HTA methods project for new antimicrobials
- Note the progress in NICE's other AMR work streams.

Professor Carole Longson

Director, Centre for Health Technology Evaluation

Professor Gillian Leng

Deputy Chief Executive and Director, Health and Social Care Directorate

September 2017

Introduction

1. In December 2016, a paper was presented to the Board highlighting a number of strands of work at NICE relevant to policy on antimicrobial resistance (AMR) and describing mechanisms to ensure coordination and linkage between NICE and the wider external agenda.

2. One of the areas included in the December 2016 Board paper was the potential role of the Technology Appraisals programme in evaluating new antimicrobials with high potential to address unmet need. Recognising that undertaking meaningful Technology Appraisals on antimicrobials could be technically challenging, at that time we were seeking opportunities and funding for methods research. In collaboration with the Department of Health (DH), we developed a case for research funding through the DH Economic Evaluation Policy Research Unit (EEPRU) which was successful. The project outline is attached as Appendix 1 and work started in June 2017.

3. The EEPRU project is formally owned by DH but with NICE staff collaborating closely. The project is exploring the concept of undertaking Technology Appraisals on new antimicrobials offering high potential to address unmet need. Within this exploration the value, if any, that Technology Appraisals can contribute to the appropriate use and stewardship of new antimicrobials will be considered. Necessary modifications, if any, to methods will similarly be considered. The DH has been charged with developing new payment methods that delink payments to companies from the volumes of new antimicrobials used. The EEPRU project also explores how NICE Technology Appraisal could inform such payment models.

4. Depending on the results of the EEPRU work, it may be appropriate to undertake Technology Appraisals of some antimicrobial products in the future.

5. This paper also provides a brief update to the Board on progress with other AMR work streams at NICE.

Technology Appraisals of Antimicrobials

6. In response to recommendations in the O'Neil report, the DH is working with industry, NICE and NHS England to develop options for new funding models for innovative antimicrobials that support antimicrobial stewardship by delinking payments to companies from the volumes used. Potential new funding models will need to fit together with Technology Appraisals guidance as it is anticipated that they will only be applied to products assessed through the Technology Appraisals programme.

7. In evaluating such products, it is important that the nature of potential benefits is documented and that the methods applied are capable of capturing these benefits. Examples of important benefits include new modes of action that make antimicrobials less susceptible to the development of resistance or products with activity profiles addressing currently unmet need.

8. Estimating health outcomes for patients treated with new antimicrobials is complex. Antimicrobial clinical trials frequently use non-inferiority designs, for example in infection with multidrug resistant organisms. It may not be ethical or appropriate to randomise patients to placebo or agents that may not be fully effective in order to establish superiority. There are situations where limited data might be acceptable as evidence of efficacy during drug development. Thus, the clinical trials provide key information on the general efficacy, tolerability and safety of the new antimicrobial but may not provide insight on the effectiveness of the product in key areas of high unmet need (i.e. resistant infections).

9. Key information on how the product performs in patients with high unmet need might be derived from pre-clinical studies – such as the in vitro antimicrobial activity spectrum and pharmacokinetic and pharmacodynamics (PK/PD) profiles. Pre-clinical molecular tests can also provide important insights on the susceptibility of the antimicrobial to resistance development. In assessing new antimicrobials, regulatory authorities review the combination of pre-clinical and clinical trial information, including in vitro sensitivity profiles. In some cases, the patient population covered in the Marketing Authorisation is informed primarily by the pre-clinical studies and in vitro sensitivity information but with limited numbers of patients treated in the clinical trials. Therefore, it is essential that in approaches to the assessment of new antimicrobials, key information from pre-clinical studies is captured when estimating incremental patient outcomes. These issues are being examined in the EEPRU methods research project.

10. Estimating the numbers of patients treated over the time horizon of novel payment models is also likely to be complex and require advanced modelling techniques. Factors needing to be explored include resistance rates to current antimicrobials, potential rates of resistance development to the new antimicrobial, epidemiological data on relevant infections and anticipated further new antimicrobial product launches during the time horizon of the payment model. Exploring these issues is the major focus of the EEPRU work.

11. The EEPRU project is also exploring methods issues around the evaluation of diagnostic technologies that support improved antimicrobial stewardship through better targeting of therapy to specific microbes.

12. The extent to which NICE implements Technology Appraisals for new antimicrobials depends on a number of factors, particularly the outcomes from

the EEPRU project. If the work reveals opportunities for meaningful Technology Appraisals consuming proportionate resources, it may be possible to undertake appraisals on any antimicrobials with significant potential to address unmet need. Conversely, if the EEPRU work reveals very high complexity and/or disproportionate resource requirements, the application of appraisals may need to be restricted to those cases where products offer particularly high potential to address unmet need or where there is a particularly compelling case for a novel payment model. When the results of the EEPRU project are available, we will further consider the role of Technology Appraisals in the evaluation of antimicrobials and if appropriate, develop proposals for consideration by the Board.

13. It is important to note that whatever the eventual role of Technology Appraisals may be, NICE is highly committed to supporting the appropriate use and stewardship of existing and new antimicrobials through the Antimicrobial Prescribing Guidelines: Managing Common Infections and Antimicrobial Prescribing Advice respectively. All new antimicrobials are considered through our horizon scanning and topic selection activities and will be routed for either Antimicrobial Prescribing Advice or Technology Appraisal Guidance. Routing criteria will be informed by the EEPRU project.

Updates on Other NICE AMR Work Streams

Antimicrobial Prescribing Guidelines: Managing Common Infections

14. The Department of Health (DH) in England has asked NICE to develop a suite of evidence based guidelines for managing common infections, in the context of tackling antimicrobial resistance – specifically in relation to bacterial infection and antibiotic use. The guidelines are expected to be published between 2017 and 2019. Public Health Advisory Committee D has been producing these guidelines and an interim process guide developed. Work has started on the first 8 topics as set out in the scope. Guidelines for three topics are planned to publish in 2017/18 (sinusitis [acute], sore throat [acute] and otitis media [acute]).

15. An innovative approach has been taken in presenting the guidelines, which includes a visual summary of the recommendations, a guideline and an evidence review. The visual summary presents the recommendations in a diagram on a single page allowing users to access the guidance quickly.

Antimicrobial Prescribing Advice

16. Antimicrobial Prescribing Advice will be developed for new antimicrobials to support appropriate use and stewardship at the point of launch. In the short to medium term, Antimicrobial Prescribing Advice is the principal NICE contribution

to supporting the introduction of new antimicrobials. In the medium term there may also be a role for the Technology Appraisals programme (see above). A new format has been developed for Antimicrobial Prescribing Advice based on the current evidence summary process. The first advice is on Ceftazidime-avibactam (Zavicefta) and is in development.

Diagnostics Supporting Improved Antimicrobial Stewardship

17. Diagnostics supporting antimicrobial stewardship through improved targeting may have an important role to play in the fight against antimicrobial resistance and this was a major theme in the O'Neil report and recommendations. The health technology assessment of such diagnostics is very complex and methods issues will be explored in the EEPRU project (see above). Medtech Innovation Briefings (MIBs) have been developed for some diagnostics e.g. C-reactive protein testing in primary care published in September 2016. MIBs are expected to play an important role in highlighting both the potential usefulness of diagnostic technologies and further evidence development needs.

Linking to the Broader External Agenda

18. As the commissioner of the BNF for the NHS, NICE continues to collaborate with the BNF editorial team on AMR related content and mechanisms for updating this content. Currently, the focus is on reflecting the new Antimicrobial Prescribing Guidelines in the BNF. We will explore how links to up-to-date information about regional and local resistance levels can be included in the BNF, to help prescribers to better individualise antimicrobial usage.

19. NICE continues to support the work of NHS England, Public Health England, NHS Improvement and others to support and monitor antimicrobial usage and stewardship. NICE is represented on the English Surveillance Programme for Antimicrobial Utilisation and Resistance (ESPAUR) oversight group and various medicines optimisation initiatives. These include the Medicines Optimisation Intelligence Group who oversees NHS England's Medicines Optimisation Dashboard which helps CCGs improve and understand how well patients across the country are being supported to optimise use of their medicines. Prescribing of antimicrobials is one of a number of metrics included in the dashboard. Furthermore, the Medicine and Prescribing Associates assist in the implementation of NICE guidance relating to antimicrobial stewardship as one of their priority work areas. NICE is participating in the establishment of Regional Medicines Optimisation Committees (RMOCs) which we anticipate will be an important mechanism for the adoption and implementation of our guidance and advice on optimal antimicrobial usage in line with local patterns of resistance.

Conclusion

20. The EEPRU project will explore the complex methodological issues associated with HTA of antimicrobial products and play a key role in informing the potential role of NICE Technology Appraisals in the evaluation of some new antimicrobials. Substantial progress is being made across NICE's various AMR related work streams.

National Institute for Health and Care Excellence

September 2017

Appendix 1 – Outline of EEPRU Project

Appendix 1 – Outline of EEPRU Project

The University Of Sheffield.

School of Health And Related Research

THE UNIVERSITY of York

Policy Research Unit in Economic Evaluation in Health and Care Interventions

May 2017

Outline Proposal

De-linking Reimbursement of Antimicrobials from Volumes Sold: Assessing Alternative Arrangements and Implications for NICE Appraisal

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Version 4: 31/05/17

1. Introduction

- The O'Neil report[1] on antimicrobial resistance recommended a global system of market entry rewards for new antimicrobials, a key element of which was the need to de-link the payments received by manufacturers from the volumes of antimicrobials sold.
- It is understood that the Department of Health, ABPI and NICE have been in discussions about alternative novel reimbursement arrangements. There has been a particular focus on an 'insurance-based' scheme with the possible addition of a 'cap and collar' mechanism. This would be based on the estimated benefit of a new product over time and the calculation of periodic payments to the manufacturer to access the product.
- EEPRU has been contacted with a view to undertaking research on the methods and evidence needed to establish appropriate levels of payments under such a scheme and the implications for the NICE technology appraisal process and methods for such products.
- The EEPRU team for this project consists of researchers with extensive experience in analytical methods and their application to support resource allocation decisions, in particular those of NICE. It includes current and past members of the NICE technology appraisal and diagnostics advisory committees, the director of the York Evidence Review Group within CHE and the director of the NICE Decision Support Unit.

2. Aims and Objectives

- The aim of the project is to assess the implications for the NICE technology appraisal programme of an insurance-based approach to the reimbursement of new antimicrobials.
- The specific objectives are:
  - To develop a framework to define and to characterize the relevant costs and benefits to be considered as part of NICE assessment
  - Consistent with this framework, to assess the implications of an insurance-based approach to reimbursement for the evidence and evaluation methods used as part of NICE assessment
  - To identify and to implement one or more case-studies to highlight methods and evidence issues and alternative ways of addressing these
  - To suggest any changes that might be required to the methods used in the NICE technology appraisal programme
  - To consider the implications of alternative specifications of the insurance-based approach to reimbursement
  - To provide brief consideration of remaining issues and to make recommendations for further research

3. Kick-off workshop

- It has been agreed with the Department of Health that a workshop will be undertaken towards the start of the project. This will involve relevant stakeholders and experts in evidence and evaluative methods relating to new antimicrobials. We will discuss with

colleagues at DH the most suitable invitees, how participants are invited and an appropriate date and location.

4. **Phase 1: costs, benefits and appropriate evidence**

- The project will consider the specific reimbursement scheme that has been discussed by stakeholders; namely, the use of an insurance-based approach with payments reflecting the value of the new product, and with the possible addition of cap and collar arrangements.
- Phase 1 of the project will consider the types of evidence and analysis that will be necessary to inform decisions about the level of reimbursement as part of NICE technology appraisal.
- This phase of work will begin with the development of a framework to define relevant costs, benefits and opportunity costs which, together and over an appropriate time-horizon, will characterize the expected value of the product.
- This element of the project will then consider the implications of the framework for evidence and analysis needed to estimate value, and hence to guide decisions about appropriate levels of reimbursement. This will relate to both sources of parameter estimates and the methods used to synthesize and model to guide decisions.
- There are expected to be a number of evidential and modelling challenges. These include the use of non-inferiority regulatory trials as the source of efficacy evidence and the use of pre-clinical studies as a source of evidence. We will work with DH and NICE to identify these evidential challenges. For those we consider to be established issues or closely related to analytical challenges that have been dealt with before in NICE appraisal, we will provide a brief description of the challenges, the principles of how to address them (and how these link to the NICE methods guide), references to relevant literature and examples and any gaps in methods potentially needing further research. We recognize the particular issues associated with pre-clinical data, and will explore their use as a means of extrapolating efficacy estimates from clinical studies, and as possible intermediate effects to be linked to longer-term outcomes that are not specific to the product. We also understand the challenges associated with the predominance of non-inferiority trials in the area. We will consider how these studies can contribute to estimate health effects for new products at different lines of therapy and against a range of different comparators, and none.
- The unique analytical challenge with antimicrobials is modelling the patterns of drug resistance over time and their implications. This includes both available clinical and epidemiological data within the NHS and other health systems, and modelling methods to generalize and to extrapolate relevant parameters. The research will seek to describe the types of evidence available and their suitability for evaluating the potential value of new antimicrobials over time. To do this, relevant experts will be contacted and phone discussions arranged. Appropriate literature will also be identified using targeted searches and the advice of experts.
- The conceptual framework will help to clarify the parameters of which estimates will be needed and how these will have to be linked through modelling. These will include conventional parameters such as treatment relative efficacy, costs and health-related quality of life (HRQoL). Key parameters are expected to relate to the pattern of resistance over time (both to the new antimicrobial and comparators), the incidence of

infections including disease transmission and their impact on mortality risks, HRQoL and costs under 'standard care'.

- For each type of parameter, there will be an assessment of issues relating to the availability of appropriate evidence to support NHS decision-making. These issues might include likely sources, which organizations are expected to generate the evidence, and the relevance of particular types of evidence to the NHS based on considerations such as study design (e.g. non-inferiority trials) and location.
- A key methods issue that will be considered is how to quantify evidential uncertainty and to analyze this appropriately to support NHS decisions. This will follow the framework developed earlier by the team,[2] but consider specific challenges associated with the evaluation of new antimicrobials. These are likely to include evidence on resistance, the role of active research in generating that evidence and the importance of irrecoverable costs associated with decisions. The Appendix provides more detail on this part of the project.

5. Phase 2: case studies

- The 2nd phase of work will involve identifying one or more case-studies to illustrate how the types of analysis and evidence necessary to inform decisions about levels of reimbursement can be developed.
- Given time constraints, it will not be possible to undertake a complete assessment fulfilling all the requirements of an analysis required by NICE and applying these to a specific new antimicrobial. Rather, we will use more stylized case-studies based on examples in the literature. The focus of these case-studies will be those areas of evidence and analysis anticipated to be most challenging.
- Depending on the nature of the available evidence identified in Phase 1 (particularly relating to resistance), the case-studies may be strengthened by the involvement of specialists working outside of EEPRU.

6. Phase 3: further considerations, deliverables and dissemination

- Two other areas will be considered in the final phase of the project:
    i. The implications of the project's recommendations for diagnostics associated with the management of infections. This will focus on the extent to which the methods and evidence used to inform decisions about levels of reimbursement for new antimicrobials will also be applicable to the evaluation of new diagnostics to identify infections for which those antimicrobials may be appropriate.
    ii. The specification of the insurance scheme. This will compare alternative approaches, their potential advantages and disadvantages and implications for the evidence and analysis needed for NICE assessment.
- A report will be drafted for review by DH and NICE. This will provide full details of all phases of research including rationale, methods, results and implications.
- Drawing on the substantive phases of research, the report will make recommendations in the following specific areas:
    i. The types of analysis and evidence required to inform decisions regarding levels of reimbursement under insurance-based reimbursement arrangements that are feasible for new antimicrobials being appraised by NICE.

ii. Any specific changes to the NICE methods guide for technology appraisals relating to new antimicrobials.
iii. Priorities for methodological research regarding analysis of the value of new antimicrobials.
iv. Implications for diagnostics and alternative specification of the reimbursement arrangements.

- Research will be published in one or more peer-reviewed journals and presented at suitable conferences subject to the DH's usual process of review.
- Dissemination will also involve a workshop to which all interested stakeholders would be invited. This would report all areas of the research, and the feedback received would be reflected in the final report to the DH.

7. Timetable

	4/17	5/17	6/17	7/17	8/17	9/17	10/17	11/17	12/17	1/18	2/18	3/18
Phase 1												
Phase 2												
Phase 3												

8. Resources

- It is estimated that the proposed research will required the equivalent of 1 full time senior research fellow, 0.5 of a research fellow plus the equivalent of 0.2 of a professor for 12 months.

References

1. O'Neill JC. Review on Antimicrobial Resistance. Tackling Drug-Resistant Infections Globally: Final Report and Recommendations. London: Wellcome Trust and HM Government; 2016.
2. Claxton K, Palmer SJ, Longworth L, et al. Informing a decision framework for when NICE should recommend the use of health technologies only in the context of an appropriately designed programme of evidence development. Health Technology Assessment 2012;16:1-342.

Appendix: Uncertainty analysis

Quantifying evidential uncertainty can serve two main purposes: i) assess our confidence in a chosen course of action by considering the uncertainty in key parameters that affect the pattern of resistance over time (e.g. the incidence of infections, treatment efficacy rates) as well as conventional cost and quality of life parameters where there may be limited information currently available; and ii) assess the value of collecting additional information to better inform the decision. This includes identifying the key parameters where further information has the greatest value.

There are two important issues that arise if a decision is based solely on expected pay-off (i.e. without considering the need for further research): i) the approval of a new antimicrobial can affect the generation of new evidence. For example, it might reduce the prospects of conducting the type of research that would provide the evidence needed to reduce uncertainty, or create disincentive effects to invest in

further research; and ii) the approval of a new antimicrobial may commit resources which cannot be recovered if a decision about the use of the antimicrobial were to change in the future.

If additional research is valuable to reduce the consequences of uncertainty in the current evidence base (e.g. loss of health outcomes to patients and opportunity costs to the NHS), then a decision must be made on how to balance the value of delaying a decision about the new antimicrobial until better information is available against the value of providing early access to the antimicrobial. Our existing work provides a framework for assessing whether a technology should be adopted without further research, adopted alongside further research, used only in the context of research or rejected without further research. This framework takes in to account the effectiveness and cost-effectiveness of the technology, the presence of significant irrecoverable costs, the value and feasibility of further research, whether uncertainties will resolve over time without further research, the potential for price negotiation and the cost of research. Application of this framework to the antimicrobial context will require careful consideration of how uncertainties are likely to resolve over time, the extent to which they can be resolved via active research, the potential for irreversible impacts of intervention on the patterns and consequences of resistance and how these principles apply under alternative reimbursement models.

National Institute for Health and Care Excellence

Annual equality report

This report covers NICE's responsibility under Equality Act Regulations to publish information annually to demonstrate compliance with the public sector equality duty. It provides an update on NICE's equality objectives; information on the characteristics of those applying to join the advisory committees in 2016-17, and those subsequently appointed; and the results of the annual survey of committee members. The report also includes information on equality considerations in guidance published in 2016-17 and summarises the workforce profile at 31 March 2017.

The Board is asked to receive the report.

Ben Bennett

Director, Business Planning and Resources

September 2017

Annual Equality Report 2016-17

Introduction

1. NICE's role is to improve outcomes for people using the NHS and other public health and social care services. We do this by:

    - Producing evidence based guidance and advice for health, public health and social care practitioners.
    - Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services.
    - Providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care.

2. NICE is committed to eliminating discrimination, harassment and victimisation, advancing equality of opportunity, and fostering good relations between people who share the protected characteristics defined in the Equality Act 2010 of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, and those who do not. We aim to comply with the Human Rights Act 1998 and are concerned with tackling health inequalities associated with underlying socioeconomic factors and inequities in access to healthcare and opportunities to improve health for certain disadvantaged groups.

3. This report covers our responsibility under Equality Act Regulations to publish information annually to demonstrate our compliance with the public sector equality duty. It consists of five main sections:

    - **Summary** of key data relating to composition of advisory committees, equality analysis in guidance production and composition of the workforce
    - **NICE's equality aims** and our formal objectives as part of the public sector equality duty
    - **Composition of, and appointments to, NICE committees:** information about the effects of our policy on recruiting members to our advisory bodies
    - **Equality issues impacting on NICE guidance:** the effects of equality analysis on NICE's guidance recommendations
    - **Workforce:** summary of the workforce profile by equality category. More detail about the workforce can be found in the annual workforce report.

4. The report covers guidance produced and appointments to the committees in the period 1 April 2016 to 31 March 2017, and the workforce profile at 31 March 2017. The survey of committee members was undertaken in May and June 2017, covering those who were a member of a committee at 31 March 2017.

Summary

NICE's equality objectives

5. Actions to deliver the 2016 to 2020 equality objectives are underway, coordinated by NICE's cross-Institute equality and diversity group. We will also submit data on our performance against the Workforce Race Equality Standard (WRES) indicators to NHS England. This will enable benchmarking against the NHS and other health Arms' Length Bodies.

Composition of and appointments to NICE committees

6. The survey of advisory body members reported that:

    - 50% of respondents were women and 48% were men. 2% indicated that it was their choice not to answer the question or gave no response. In last year's survey 46% of respondents were women and 43% were men.
    - 11% identified themselves as disabled (8% in last year's survey)
    - 76% identified themselves as of white British ethnicity (78% in last year's survey)
    - 49% were between 51 and 65 years old, with 86% between 36 and 65 years old (the equivalent figures in last year's survey were 49% and 88% respectively)
    - 86% identified themselves as heterosexual (88% in last year's survey)
    - 44% identified themselves as of Christian belief, with 39% declaring they had no religion or belief (the equivalent figures in last year's survey were 47% and 37% respectively).

7. Monitoring information collected during the process to appoint members to the advisory bodies in 2016-17 indicates that:

    - Across the roles overall, broadly similar proportions of people sharing the various protected characteristics were appointed to advisory bodies as applied.
    - The profile of applicants and appointees in terms of protected characteristics varies between lay and non-lay roles. This is likely due to the different skills and experience sought for lay and non-lay roles.

Guidance production

8. Equality considerations continue to be taken into account in the development of NICE guidance. In 2016-17:

    - There was a decrease in the number of equality issues identified and also those which subsequently impacted on recommendations compared to 2015-16, both in absolute terms and in proportion to the number of guidance publications.
    - Age, disability and race continue to account for the greatest number of equality issues both in terms of initial identification and those which impacted on recommendations.

9. The variation in the identification of equality considerations will be explored further, specifically whether this is due to differences between the guidance programmes or inconsistency in applying the equality impact assessment process.

Workforce

10. Just over half (56%) of NICE staff are 40 years old or less, and two thirds (67%) are women. 79% of staff identify themselves as of white ethnicity and 3% of the workforce identified themselves as disabled.

NICE's equality objectives

11. In line with our obligations under the public sector equality duty, NICE sets equality objectives. In 2016 the Board agreed the following equality objectives covering the period 2016 to 2020:

    - **Objective 1:** To increase the proportion of advisory body position applications that are from individuals who describe themselves as from black, Asian and minority ethnic groups.
    - **Objective 2:** To increase the proportion of staff from black, Asian and minority ethnic groups in senior roles (agenda for change band 7 and above) across the organisation.

Equality objective 1

Rationale

12. NICE guidance is developed by independent advisory bodies made up of health, social care and public health professionals and practitioners; people using services, their unpaid carers and other lay people; academics; health and social

care commissioners; local authority elected members; and other experts on the topics covered by guidance including from the life sciences industry.

13. We seek diverse membership so that advisory bodies are representative of the population and provide a wide range of viewpoints and experiences to inform guidance and improve its quality. This helps us meet our equality duty to have 'due regard' to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out our activities.

14. The information in the 2014-15 annual equality report indicated that broadly similar proportions of people sharing protected characteristics were appointed to the advisory bodies as applied. However, the report indicated that compared to the overall population, there was underrepresentation of people who describe themselves as from black and Asian ethnic groups.

15. NICE cannot positively discriminate in favour of applicants based on ethnicity or other protected characteristic, but it is acceptable to encourage a diverse range of applicants. Therefore the Board agreed an objective to increase the diversity of applicants to our advisory bodies. Specifically, we are seeking year on year increases in the proportion of the advisory body position applications that are from individuals who describe themselves as from black, Asian and minority ethnic groups.

Progress to date and further planned actions

16. An action plan is in place for this multi-year objective. The initial priority in this first year has been to gather feedback on the barriers to involvement with NICE's advisory committees, experience of applying to and working with our committees, and actions we could take to increase applications from individuals from black, Asian and minority ethnic communities.

17. We amended this year's survey of committee members[1] that informs the equality report to include questions on the committee recruitment process. Committee members were asked to provide feedback on the recruitment paperwork, and their experience of the interview, application process, and being on a committee. The proportion of committee members that stated their experience of the interview and their overall experience of the recruitment process was 'excellent' was higher for respondents who identified themselves as of non-white ethnicity[2] than for those who identified themselves of white ethnicity. We also asked for suggestions on what support during the application process would encourage applications from black, Asian and minority ethnic communities. We received a number of suggestions covering matters such as the way we advertise roles,

[1] The Picker survey that is discussed later in the report

[2] Asian or Asian British; Black or Black British; Mixed; Other Ethnic Group

build links with representative groups/bodies, and promote NICE's work and commitment to diversity. We are using these to inform our action plan.

18. We have amended the letter sent to applicants to our committees who are not appointed to include a link to a confidential web-based survey that seeks feedback on the recruitment process and asks for suggestions on how this could be improved. Respondents are invited to indicate their ethnic group, which will help us identify actions that could be particularly helpful in respect of our equality objective.

19. The Public Involvement Programme (PIP) is currently undertaking a programme of meetings with key organisations to identify the barriers to involvement for potential lay member applicants. These meetings are being used to gather intelligence on the best ways to involve people using services from black, Asian and minority ethnic communities. In addition, PIP is arranging a programme of three regional workshops to take place across England (the North, Midlands and the South) from September 2017, which will review the current lay member recruitment information, process and current communication channels with people from black, Asian and minority ethnic communities to co-design a way of applying for a NICE lay member vacancy that will work for them.

20. We are using the feedback received from the committee member survey to update our communications to encourage people from black, Asian and minority ethnic communities to apply for committee posts. This will include uploading interviews with current committee members about their experience, reviewing use of social media and regional media to publicise committee vacancies and engage with communities, and updating the committee recruitment pages on the website to make the content as straightforward as possible. The PIP activities will also inform this work.

21. In order to promote our non-lay positions, we are seeking to engage with groups that represent health and social care professionals from black, Asian and minority ethnic groups, and also with equality and diversity leads in NHS organisations.

22. The ethnicity of applicants, and those appointed, to NICE's advisory committees in 2015-16 and 2016-17 is outlined below.

Table 1: Ethnicity of applicants to NICE committees

Ethnicity	% of all applicants	
	2015-16	2016-17
Asian or Asian British	8%	9%
Black or Black British	2%	2%
Mixed	2%	3%
White British	67%	67%
Other white background	9%	8%
Any other ethnic group	2%	2%
Undisclosed	4%	4%
Data not held	6%	5%

23. Whilst the actions in this first year have focused on gathering feedback to inform the multi-year action plan, there has been a year on year increase in the proportion of applicants for advisory committee roles who described themselves as of Asian/Asian British and mixed ethnicity. We would hope to see further increases next year as the actions outlined above progress.

Equality objective 2

Rationale

24. Our second objective recognises the centrality of our staff to the successful delivery of our functions. A diverse workforce supports the delivery of the general equality duty and enables us to draw upon the widest pool of talent.

25. The diversity of our workforce in our management roles does not fully reflect the diversity of the wider population. The majority of staff at NICE from black, Asian and minority ethnic groups occupy junior roles (agenda for change bands 4 and 5) and we traditionally have not had a clear strategy for recruiting and developing talent into more senior roles.

26. The Board therefore agreed a specific objective focused on increasing the number of staff from black, Asian and minority ethnic groups in management roles through targeted development programmes and resourcing strategies. We are seeking year on year increases in the proportion of staff from black, Asian and minority ethnic groups in senior roles (agenda for change band 7 and above) across the organisation.

Progress to date and further planned actions

27. We have increased our vacancy advertising reach by posting all jobs to Indeed and Total Jobs (two of the UK's leading jobs boards). Additionally, all roles at Band 7 and above are now advertised on LinkedIn. Some senior roles have been advertised on national specialist jobs boards including The Guardian and People Management. This additional advertising ensures we are reaching a wider candidate pool than advertising through NHS Jobs alone.

28. The number of black, Asian and minority ethnic staff in senior roles (band 7 and above) has increased by 7% since last year – from 55 staff at 31 March 2016 to 59 staff at 31 March 2017. This increased the proportion of staff in band 7 and above from black, Asian and minority ethnic groups from 11% to 13%.

29. NICE is committed to continuing to promote opportunities to potential candidates and existing staff. We are building relationships with other organisations with a view to sharing development opportunities such as vacancies, secondments, training and forums. This will strengthen further the support we are able to offer our staff.

NICE equality and diversity group (NEDG)

30. The NICE equality and diversity group supports NICE to deliver its obligations under the Equality Act in relation to guidance production. The group meets quarterly and includes members from each centre/directorate, plus the Public Involvement Programme and Corporate Office. It is chaired by a Programme Director from the Centre for Guidelines.

31. In addition to overseeing the delivery of our equality objectives and coordinating input to the annual equality report, the group seeks to share good practice across NICE and provide a forum for discussing and proposing solutions to cross-Institute equality issues.

32. This year the group discussed actions to deliver the equality objectives, the questions for the annual survey of committee members, and equality and diversity issues facing NICE teams. The group considered terminology to use in NICE guidance, including in respect of learning disabilities, and gender reassignment. It is also looking at the provision of accessible information for the public when browsing guidance on the NICE website.

33. The group now includes a member of NICE's field team to help the team promote opportunities on NICE committees when engaging with health and social care partners, as part of the action plan for equality objective 1.

Workforce Race Equality Standard (WRES)

34. Under the Workforce Race Equality Standard (WRES) all organisations with NHS contracts are required to demonstrate progress against a number of indicators of race equality. NICE will join a number of national health Arms' Length Bodies (ALBs) in submitting this data to NHS England, which will enable us to benchmark performance against the ALBs and NHS.

35. We have also sought advice from the Director of the WRES Implementation Team at NHS England on actions to deliver our equality objectives, including organisations representing health and social care professionals from black, Asian and ethnic minority groups.

Composition of and appointments to NICE committees

36. As noted above, diversity in advisory body membership contributes to the aims of NICE's equality programme and improves the quality of guidance. It also supports the public sector equality duty of fostering good relations between those sharing protected characteristics and those who do not.

37. We collect information on the background of those applying for positions on our advisory bodies. We compare this to the background of those subsequently appointed to positions. This enables us to monitor the impact of our recruitment processes.

Equalities monitoring of 2016-17 applications and appointments

38. Across the roles overall, broadly similar proportions of people sharing the various protected characteristics were appointed to advisory bodies as applied. Further information, by protected characteristic, is outlined below.

Gender

39. The proportion of applicants and appointees who were women was higher for lay roles than non-lay roles. 57% of lay applicants and 61% of lay appointees were women. 43% of the non-lay applicants and 42% of the non-lay appointees were women.

Disability

40. The proportion of applicants and appointees who identified themselves as disabled was higher for lay roles than non-lay roles. 28% of all lay applicants and 34% of lay appointees identified themselves as disabled. This compares to 2% for non-lay applicants and appointees.

Ethnicity

41. White British was the most frequently declared ethnicity for applicants and appointees, accounting for the following proportion of applicants and appointees:

- Lay applicants: 71%
- Lay appointees: 78%
- Non-lay applicants: 66%
- Non-lay appointees: 70%.

Age

42. The majority of applicants and appointees were between 36 and 65 years old:

- Lay applicants: 64%
- Lay appointees: 66%
- Non-lay applicants: 80%
- Non-lay appointees: 84%.

43. As in 2015-16, the proportion of applicants and appointees between 18 and 35 years old and over 65 years old is higher for lay role than for non-lay roles.

Sexual orientation

44. The majority of applicants and appointees identified themselves as heterosexual for both lay and non-lay roles:

- Lay applicants: 81%
- Lay appointees: 82%
- Non-lay applicants: 82%
- Non-lay appointees: 83%.

Religion or belief

45. Those identifying themselves as of Christian belief represented the largest group of applicants and appointees for both lay and non-lay roles:

- Lay applicants: 43%
- Lay appointees: 45%
- Non-lay applicants: 42%
- Non-lay appointees: 44%.

46. The proportion of applicants and appointees who stated that they did not have a religion increased from 14% and 12% in 2015-16 to 20% and 19% in 2016-17.

Data quality

47. It is not compulsory to provide equalities monitoring information when applying for a committee role. Prior to 2016 one of NICE's formal equality objectives sought to more clearly explain to prospective employees and members of advisory bodies why we collect data on the protected characteristics under equality legislation, to better inform their decisions on whether or not to declare this information in our monitoring forms. We also sought to strengthen internal processes to collate and manage the data provided by applicants to our committees to address gaps in the data.

48. It is therefore positive that the data quality has continued to improve with monitoring forms returned for 95% of applicants and 97% of all appointees in 2016-17, up from 94% and 93% in 2015-16 respectively. At least 96% of applicants and appointees in 2016-17 who returned the monitoring forms disclosed their age, gender, ethnic origin, and whether they had a disability.

The Picker survey of current committee members

49. As in previous years, we commissioned Picker to carry out a web based survey to provide a snapshot of the makeup of the NICE committees. This provides us with a view of the current composition of the advisory bodies, in addition to the data outlined above that reports on applications and appointments over the last year.

50. This year the survey ran online from 19 April to 17 May 2017. An email invitation was sent out to 1090 committee members, of which 12 were returned as undelivered. The overall response rate was 69% with 927 responses received. This is lower than last year (78%) but the same as 2015. This year we asked respondents whether they were a committee member appointed for their lay expertise or were appointed for their professional expertise (referred to as non-lay members in this report). Of the 927 responses:

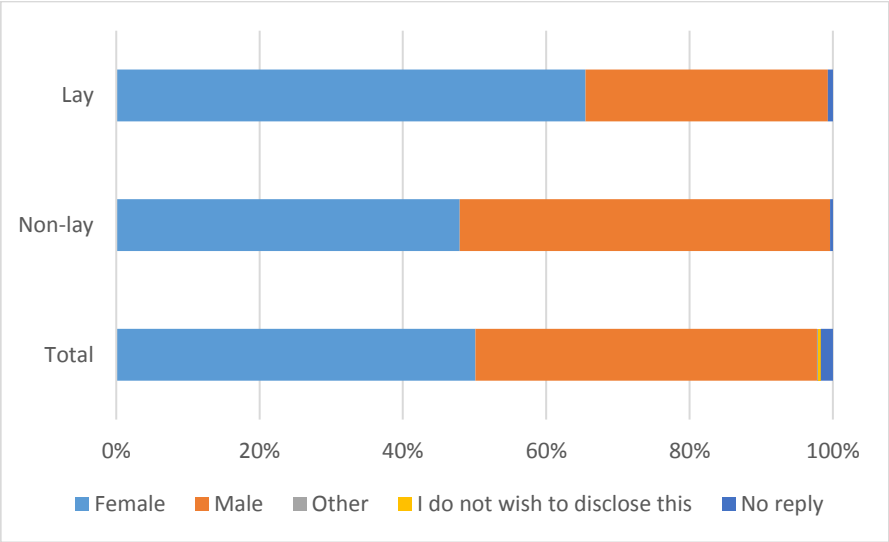
    - 146 (16%) were from lay members
    - 759 (82%) were from non-lay members
    - 22 (2%) did not answer whether they were a lay or non-lay member.[3]

51. The responses are outlined below.

[3] In the charts below the 'total' category includes all 927 respondents, including the 22 respondents who did not identify whether they were a lay or non-lay member

Gender

Chart 1: Gender: advisory committee members



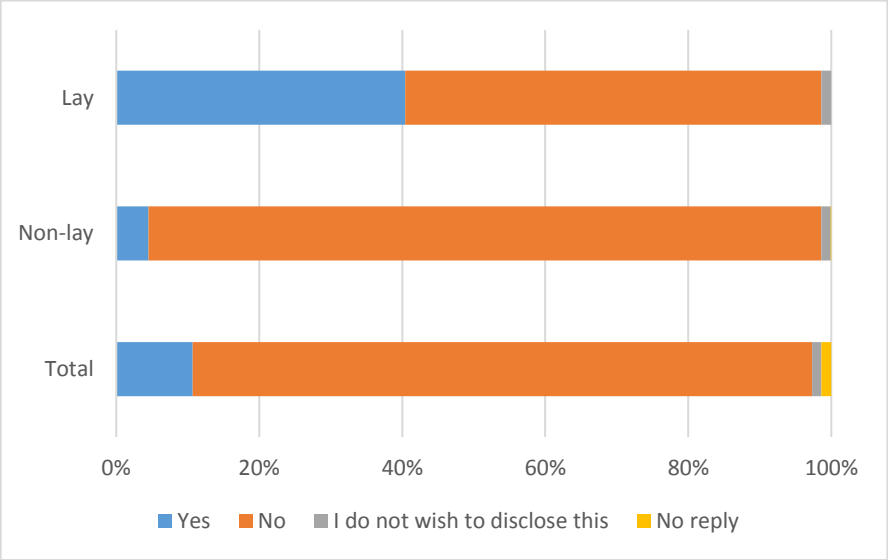
52. In the 2017 survey 50% of respondents were women and 48% were men. In 2016 46% of respondents were women and 43% were men.

53. There is variation in the gender balance across the advisory bodies and between type of member. The proportion of respondents who were women was higher for lay members (65%) than non-lay members (48%). The proportion of respondents who were women was lowest on the Diagnostics Advisory Committee[4] (20%), Interventional Procedures Advisory Committee (21%), and Medical Technologies Advisory Committee (24%). The National Collaborating Centre for Social Care and National Guidelines Alliance guideline committees had the highest proportion of respondents who were women (65% and 63% respectively).

[4] Standing members

Disability

Chart 2: Disability: advisory committee members



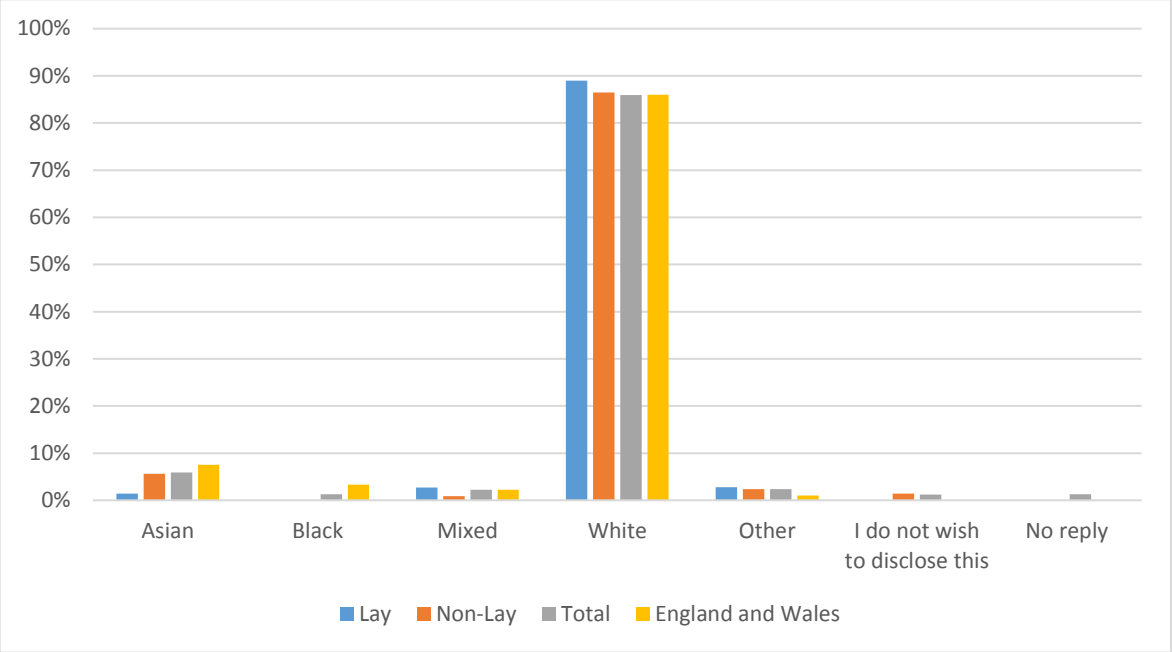
54. In the 2017 survey 11% of respondents identified themselves as disabled, an increase from 8% in 2016 and 6% in 2015. 40% of the lay member respondents identified themselves as disabled.

55. In the 2017 survey 87% respondents did not identify themselves as disabled. In comparison, 82% of the England and Wales population in the 2011 census did not have an activity limiting health problem or disability.

56. The Diagnostics Advisory Committee, Highly Specialised Technologies Evaluation Committee, and the Patient Access Scheme Liaison Unit Expert Panel had no respondents who identified themselves as disabled. The proportion of respondents who identified themselves as disabled was highest on the National Collaborating Centre for Social Care guideline committees (24%), the Medical Technologies Advisory Committee (19%), and Quality Standards Advisory Committee (16%).

Ethnicity

Chart 3: Ethnicity: advisory committee members



57. In the 2017 survey 76% of respondents identified themselves of white British ethnicity. This compares to 78% in 2016 and 77% in 2015.

58. The proportion of respondents who identified themselves of white British ethnicity was higher amongst lay members (82%) than non-lay members (76%).

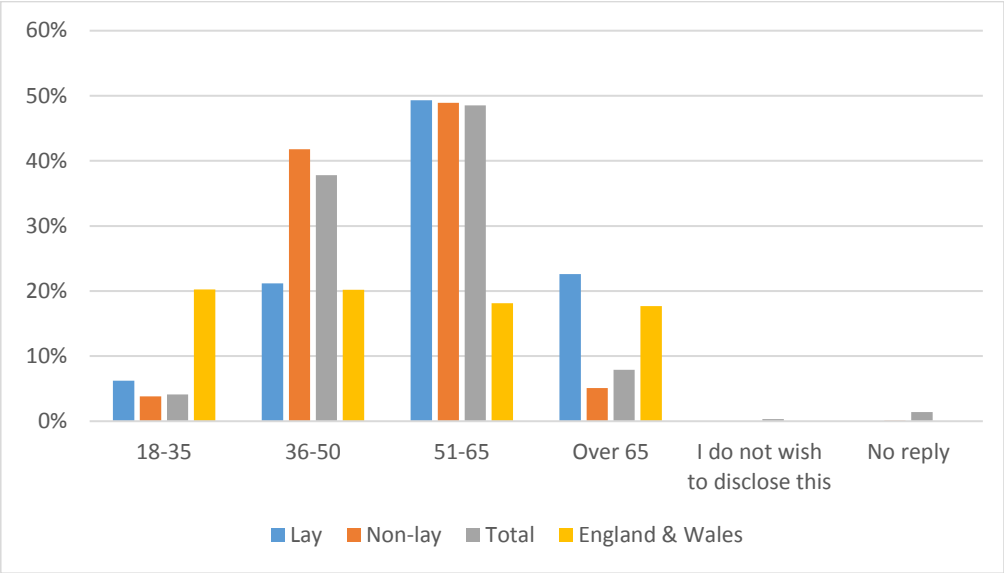
59. As shown in the chart above, the proportion of respondents who identified themselves of white ethnicity[5] and mixed ethnicity is in line with the general population (England and Wales, 2011 census). Compared to the general population there continues to be underrepresentation of people of Asian and black ethnicity, particularly for lay roles.

60. The proportion of respondents who identified themselves of non-white ethnicity was highest on the Highly Specialised Technologies Evaluation Committee (23%) and Medical Technologies Advisory Committee (19%).

[5] White – British, white – Irish, white – any other background

Age

Chart 4: Age distribution: advisory committee members



61. Almost half (49%) of the respondents in the 2017 survey were aged between 51 and 65 years old, and 86% between 36 and 65 years old. Overall, the age profile is similar to that in the 2016 survey.

62. The proportion of respondents between 18 and 35 years old was higher for lay members (6%) than non-lay members (4%), as was the proportion of respondents over 65 (23% of lay members and 5% of non-lay members).

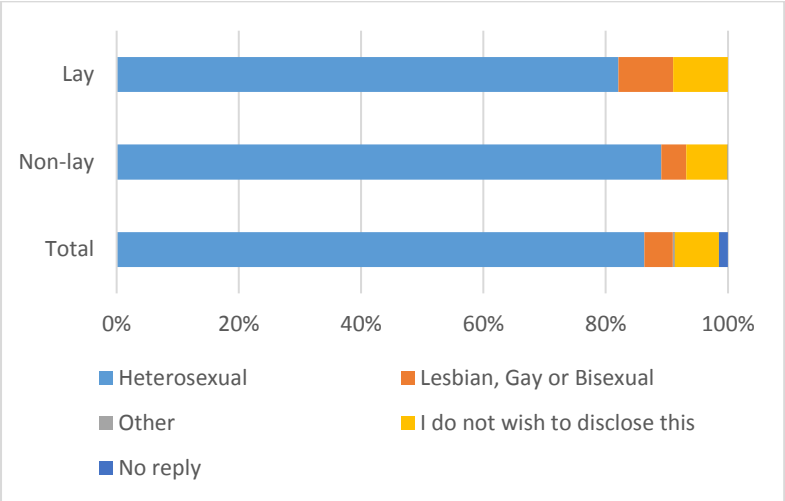
63. Compared to the general population (England and Wales, Office for National Statistics 2014 estimates) committees are under-representative of those under 35 years old and over 65 years old.[6] This is a likely consequence of seeking very experienced and currently practising health and social care professionals for non-lay roles.

64. The proportion of respondents 50 years old or under was lowest on the Indicator Advisory Committee (26%), Interventional Procedures Advisory Committee (32%), and Quality Standards Advisory Committee (32%). It was highest on NICE's internal guideline committees (49%), the Highly Specialised Technologies Evaluation Committee (46%), and National Guidelines Alliance guideline committees (45%).

[6] Due to the format for the availability of data from the Office of National Statistics, the England and Wales data uses the following categories: 20-34 years old, 35-49 years old, 50-64 years old, over 65 years old

Sexual orientation

Chart 5: Sexual orientation: advisory committee members



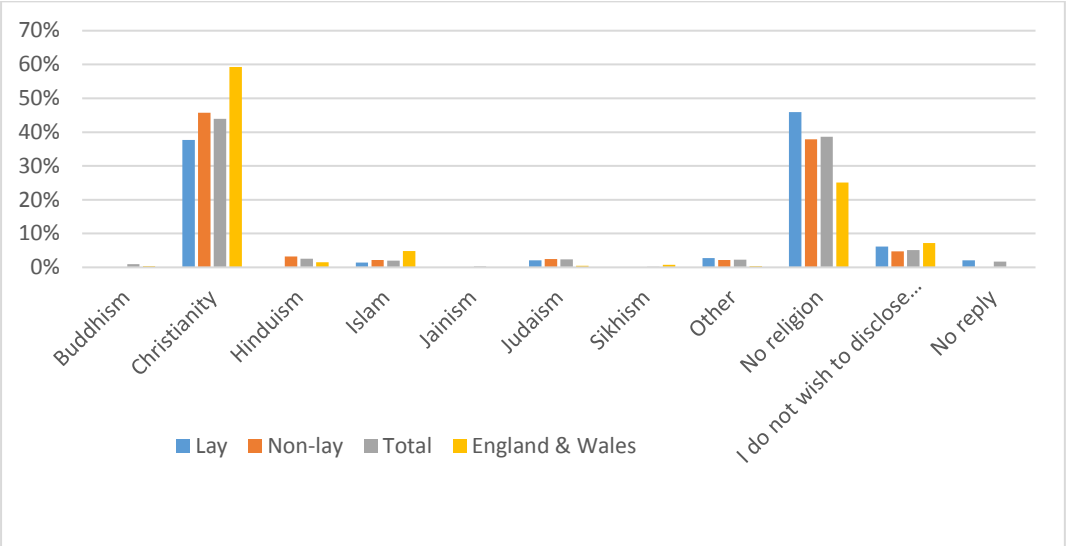
65. In the 2017 survey 86% of respondents stated their sexual orientation to be heterosexual; 5% gay, lesbian or bisexual; 0.3% other; and 9% did not answer or provide this information. In 2016, 88% of NICE respondents stated their sexual orientation as heterosexual; 5% gay, lesbian or bisexual; 0.1% other; and 7% did not answer.

66. The proportion of respondents who stated their sexual orientation as gay, lesbian or bisexual was higher for lay members (9%) than non-lay members (4%).

67. In the 2015 Annual Population Survey published by the Office for National Statistics, 94% of the UK population identified themselves as heterosexual; 2% as gay, lesbian or bisexual; 0.4% other; and 4.1% did not know or answer.

Religion or belief

Chart 6: Religion or belief: advisory committee members



68. As in 2016, the largest proportion of responses to the 2017 survey were from those who identified themselves of Christian belief (44% in 2017 and 47% in 2016) and of no religion (39% in 2017 and 37% in 2016).

69. The proportion of respondents who identified themselves of Christian belief was higher for non-lay members (46%) than lay members (38%). The proportion of respondents who declared they had no religion was higher for lay members (46%) than non-lay members (38%).

70. Compared to the general population (England and Wales, 2011 census) NICE's committees are under-representative of those of Christian and Muslim belief, and over-representative of those without a religion.

71. The proportion of respondents who identified themselves of Christian belief was highest on the Indicator Advisory Committee (68%) and lowest on the Technology Appraisal Committees (30%).

Benchmarking performance

72. NICE is unique in the way it uses advisory bodies and in the number it creates, so it is difficult to find information for purposes of comparison on bodies elsewhere with a similar function. Public bodies are probably the nearest equivalent when it comes to the capabilities required of members, even if they may have less need of the concentration of technical knowledge evident in NICE's advisory bodies.

73. Table 2 overleaf compares the composition of the NICE advisory bodies (using the results of the 2017 Picker survey) with the population of England (using the 2011 census), and statistics published by the Commissioner for Public Appointments (CPA) on regulated appointments made by Ministers between 1 April 2015 and 31 March 2016.[7]

74. The CPA information does not include religion/belief or sexual orientation of members of public bodies, and information on ethnicity is reported in less granularity. It is also important to note the non-disclosure rate for the CPA appointments.

75. The data indicates that:

- The proportion of women on NICE committees is higher than for the CPA appointments in 2015-16 in both the NHS and overall.
- The proportion of members of non-white ethnicity on NICE's committees is double that for the CPA appointments in 2015-16. However, this may in part be due to the non-disclosure rate for the CPA appointments. The CPA appointments to the NHS have a lower non-disclosure rate, and the ethnicity of appointees more closely aligns with the NICE committees.
- The proportion of people identifying themselves as disabled on NICE's committees is higher than for CPA appointments in both the NHS and all public bodies, although this remains lower than the overall population.

Table 2: NICE compared with 'benchmark' organisations

	NICE advisory bodies 2017	All public bodies 2015-16	NHS public bodies 2015-16	England population 2011
	%	%	%	%
Sex				
Men	48	47	63	49
Women	50	39	35	51
Undisclosed / not known	2	14	2	0
Race				
Black, Asian & minority ethnic group (includes mixed)	12	6	10	14

[7] https://publicappointmentscommissioner.independent.gov.uk/10-aug-the-final-ocpa-stats-bulletin-9/

White	86	68	88	85
Undisclosed / not known	3	25	2	0
Disability				
Yes	11	4	6	18
No	87	53	92	82
Undisclosed / not known	3	43	2	0

Equality issues impacting on NICE guidance

76. For the purposes of the public sector equality duty, NICE treats each item of its guidance as an individual policy which requires an equality impact assessment. The aim of this analysis is to ensure that, wherever there is sufficient evidence, NICE's recommendations support local and national efforts to eliminate discrimination, advance equality of opportunity, and foster good relations. We take account of the inputs of organisations and individuals with an interest in equality. Similarly, we take equality issues into account when developing our advice products.

77. In assessing the clinical and cost effectiveness of interventions and the validity of quality standards and indicators, we consider their impacts on:

    - people sharing the characteristics protected by the 2010 Equality Act
    - population groups experiencing health inequalities arising from socioeconomic factors
    - 'other' groups of people whose health may be affected because they have particular circumstances, behaviours or conditions in common.

78. 'Other' groups identified in guidance and quality standards development during the year and resulted in an impact on recommendations include:

    - refugees, asylum seekers and recent immigrants
    - people with drug misuse problems
    - people in prison
    - people living in rural / remote areas
    - people whose first language is not English
    - people with comorbidities.

79. Identification of ‘other’ groups is an aspect of NICE’s compliance with both general public law requirements to act fairly and reasonably and human rights obligations. Article 14 of the European Convention on Human Rights, as affirmed in the Human Rights Act 1998, prohibits discrimination in relation to Convention rights and freedoms that go beyond the Equality Act in that they include grounds of ‘other status’, by which is meant any definable common characteristic.

80. People may share more than one protected characteristic, be affected by socioeconomic factors, and be in an ‘other’ group, so our equality analysis has to accommodate many permutations.

81. Table 3 provides a breakdown by protected and other characteristics of the findings of the equality analyses carried out in 2016-17 on NICE guidance, NICE quality standards, and indicators, and the effects of this analysis on final recommendations. It indicates for example, that during the production of the 5 pieces of diagnostic guidance published in 2016-17, 7 potential equality issues were identified, 1 of which related to age. 2 of the 7 potential issues subsequently impacted on recommendations.

82. The table indicates variation in the number of equality issues identified between guidance programmes. The cross-Institute equality and diversity group will consider whether this reflects the different nature of the guidance programmes and the guidance topics, or there is inconsistency in the equality impact assessment process.

Table 3: Summary of equality analysis of published guidance

Guidance type (number of items of guidance published)	Number of equality issues identified	Breakdown of potential equality issues identified by protected, socioeconomic, and 'other' characteristic										Number with an impact on recommendations
		Age	Disability	Gender reassignment	Pregnancy and maternity	Race	Religion or belief	Sex	Sexual orientation	Socio-economic	Other	
DG (5)	**7**	1	0	2	0	2	1	0	0	0	1	**2**
HST (2)	**3**	0	0	0	0	0	0	0	0	1	2	**0**
IPG (25)	**81**	24	14	0	1	9	2	21	0	4	6	**0**
MTG (5)	**3**	1	1	0	0	1	0	0	0	0	0	**1**
TA (53)	**42**	9	2	2	1	9	1	1	0	0	17	**3**
CG (13)	**24**	5	8	0	0	5	2	0	1	2	1	**19**
PHG (5)	**28**	5	3	3	0	3	0	3	4	4	3	**8**
IAC (10)	**5**	1	2	0	0	1	1	0	0	0	0	**2**
QS (32)	**92**	10	19	3	1	7	7	2	1	8	34	**53**
MMIC (1)	**0**	0	0	0	0	0	0	0	0	0	0	**0**
SC (1)	**19**	2	2	1	0	1	0	0	1	1	11	**15**
CGU (11)	**44**	6	5	0	4	8	1	7	2	1	10	**10**
Total (163)	**348**	**64**	**56**	**11**	**7**	**46**	**15**	**34**	**9**	**21**	**85**	**113**

DG: Diagnostics guidance

IPG: Interventional procedures guidance

MTG: Medical technologies guidance

TA: Technology appraisals

CG: Clinical guidelines

HST: Highly specialised technologies evaluations

PHG: Public health guidelines

IAC: Indicator set

MMIC: Managing medicines in the community guideline

QS: Quality standards

SC: Social care guidelines

CGU: Clinical guideline updates

83. Table 4 summarises equality issues identified and their impact on recommendations by protected and other characteristics, and compares this year with previous years.

Table 4: Impact on recommendations by protected and other characteristic

Protected characteristic	Number & % of equality issues found				Number & % of issues with impact on recommendations			
	2013-14	2014-15	2015-16	2016-17	2013-14	2014-15	2015-16	2016-17
Age	73 (22%)	79 (21%)	87 (19%)	64 (18%)	23 (20%)	32 (18%)	30 (15%)	15 (13%)
Disability	66 (20%)	72 (19%)	85 (19%)	56 (16%)	24 (21%)	30 (17%)	41 (21%)	37 (33%)
Gender reassignment	2 (1%)	5 (1%)	10 (2%)	11 (3%)	0 (0%)	1 (1%)	4 (2%)	3 (3%)
Pregnancy & maternity	9 (3%)	13 (3%)	18 (4%)	7 (2%)	6 (5%)	3 (2%)	2 (1%)	2 (2%)
Race	58 (18%)	58 (15%)	54 (12%)	46 (13%)	18 (16%)	28 (16%)	26 (13%)	10 (9%)
Religion or belief	13 (4%)	22 (6%)	21 (5%)	15 (4%)	7 (6%)	9 (5%)	13 (7%)	8 (7%)
Sex	31 (10%)	28 (7%)	46 (10%)	34 (10%)	6 (5%)	11 (6%)	11 (6%)	3 (3%)
Sexual orientation	5 (2%)	10 (3%)	9 (2%)	9 (3%)	3 (3%)	4 (2%)	4 (2%)	3 (3%)
Socio-economic	22 (7%)	32 (8%)	37 (8%)	21 (6%)	5 (4%)	19 (11%)	18 (9%)	8 (7%)
Other	46 (14%)	66 (17%)	80 (18%)	85 (24%)	21 (19%)	42 (23%)	45 (23%)	24 (21%)
Total number of issues	**325**	**385**	**447**	**348**	**113**	**179**	**194**	**113**
Total guidance produced	**136**	**163**	**191**	**163**				

84. In 2016-17, 348 potential equality issues were identified during the development of the 163 pieces of published guidance. The outcome of advisory bodies' equality analysis was that consideration of 113 (32%) of the issues identified had an impact on recommendations, whereas consideration of 235 (68%) issues did not. The ratio of the number of equality issues identified to the total amount of guidance produced was lower in 2016-17 than in 2015-16 and 2014-15. As was the ratio of the number of issues that impacted on recommendations to total amount of guidance produced.

85. Age, disability and race continue to account for the greatest number of equality issues both in terms of initial identification and those which impacted on recommendations.

86. Examples of how equalities considerations impacted recommendations are outlined below.

NG65: Spondyloarthritis in over 16s: diagnosis and management

87. During both the scoping and development process the underdiagnosis of axial spondyloarthritis in women was identified. To address this, the committee agreed the following recommendation for when healthcare professionals suspect spondyloarthritis:

    'Be aware that axial spondyloarthritis affects a similar number of women as men.'

QS129: Contraception

88. Quality statement 1 states: "Women asking for contraception from contraceptive services are given information about, and offered a choice of, all methods including long-acting reversible contraception."

89. Following comments from stakeholders at consultation, the Quality Standards Advisory Committee wanted to highlight that a woman's age, religion and culture may affect which contraceptive methods are considered suitable and included the following:

    > "Age, religion and culture may affect which contraceptive methods the woman considers suitable. When discussing contraception healthcare practitioners should give information about all methods and allow the woman to choose the method that suits her best."

NM143: Obesity in adults

90. NICE menu indicator NM143 is "the percentage of patients aged 18 or over (on or after 1 April 2017) who have had a record of a BMI being calculated in the preceding 5 years (and after their 18th birthday".

91. It aims to encourage recording of body mass index (BMI) in order to identify overweight or obesity in adults. During development, the Indicator Advisory Committee highlighted that in some ethnic groups, people with a BMI greater than or equal to 23kg/m2 are classified as being overweight as opposed to 25kg/m2 because of an increased risk of conditions such as diabetes at a lower BMI.

92. Part of the piloting process specifically examined recording of ethnicity within general practice clinical systems. This provided assurance that recording of ethnicity was at sufficient levels to ensure that people could be categorised correctly following recording of BMI.

QS145: Vaccine uptake in under 19s

93. Quality statement 2 states: "Children and young people identified as having missed a childhood vaccination are offered the outstanding vaccination."

94. When a child or young person is found to have missed a vaccination, it is important that healthcare professionals discuss the importance of, and any concerns about, the outstanding vaccination with the child or young person and, if appropriate, their parents or carers. This can increase immunisation coverage in the population and provide protection against disease for the child or young person.

95. Following equality impact assessment the Quality Standards Advisory Committee highlighted that:

> "Healthcare professionals need to be aware that some children may arrive in the UK without vaccination records, and vaccination schedules in other countries may be different from the current UK programme".

TA387 Abiraterone for the treatment of metastatic castration-resistant prostate cancer not previously treated with chemotherapy

96. The scope remit and population referred to men with prostate cancer. However, an issue was raised during the scoping workshop regarding people who have undergone gender reassignment.

97. People who have undergone a male-to-female gender reassignment will still have a prostate and can therefore develop cancer of the prostate. The issue raised was that those people may be uncomfortable accessing a male urology clinic. Additionally, using the term 'men' in the remit and population section would not be appropriate for this population.

98. The committee therefore agreed its recommendations in section 1.1 of the guidance should apply to 'people' with prostate cancer.

DG27 Molecular testing strategies for Lynch syndrome in people with colorectal cancer.

99. Prior to the NICE diagnostics guidance, current practice was to offer tumour testing for Lynch syndrome markers to people under 50 years old only. This was based on clinical evidence to suggest that one of the markers, microsatellite instability, may be more common in tumours in older people. This would result in more false positive results in people over 50 years old.

100. The diagnostics guidance included age as subgroups to account for this, but found that the molecular testing strategies were cost-effective in older age groups. The Diagnostics Advisory Committee considered that although the prevalence of Lynch syndrome is much higher in younger people with colorectal cancer, it can still cause colorectal cancer in older people. Despite the lower prevalence of Lynch syndrome in older people, the greater number of colorectal cancer diagnoses in these age groups could mean that the absolute number of

people who could benefit from a Lynch syndrome diagnosis may be similar to that in younger age groups.

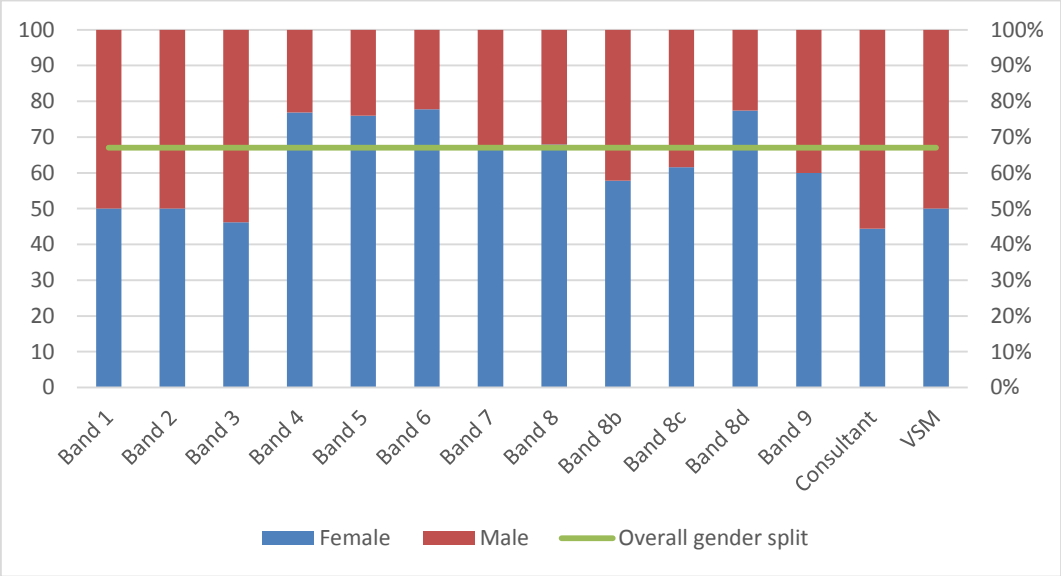
101. The committee therefore recommended that testing should be offered to all people with colorectal cancer, when first diagnosed, using immunohistochemistry (IHC) for mismatch repair proteins or microsatellite instability testing to identify tumours with deficient DNA mismatch repair, and to guide further sequential testing for Lynch syndrome.

Workforce

102. This section provides a summary of the workforce profile by equality category, as at 31 March 2017. Further information is available in the annual workforce report presented to the Board in July 2017.

Gender

Chart 7: Gender mix of staff by grade



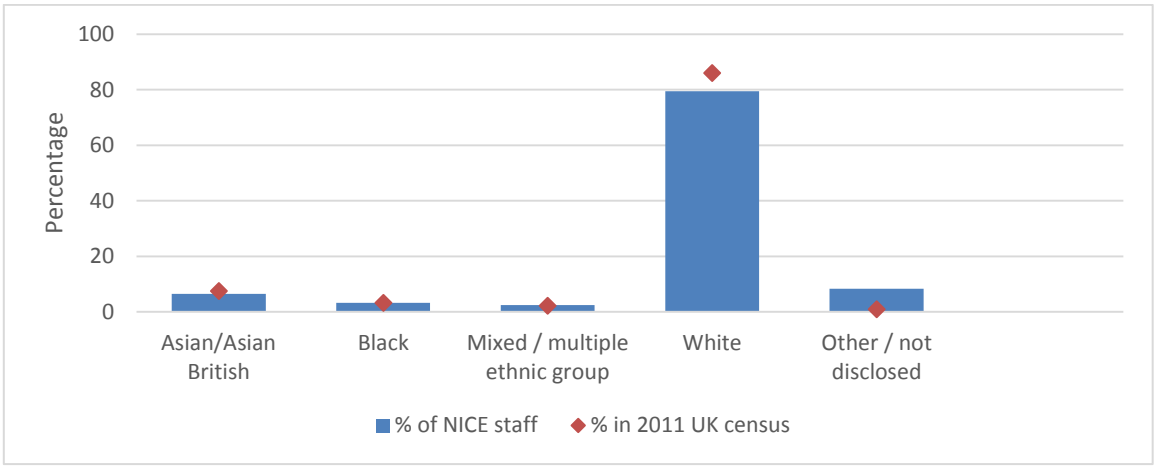
103. Compared to the overall gender split of the workforce, men are slightly overrepresented in the more senior grades and slightly underrepresented in more junior grades. The overall gender split of the workforce has not changed significantly over time.

Disability

104. The range of disabilities that staff are encouraged to declare include learning disability or difficulty, long-standing illness, mental health condition, physical impairment, and sensory impairment. 21 staff (3% of the workforce) have identified themselves as disabled.

Ethnicity

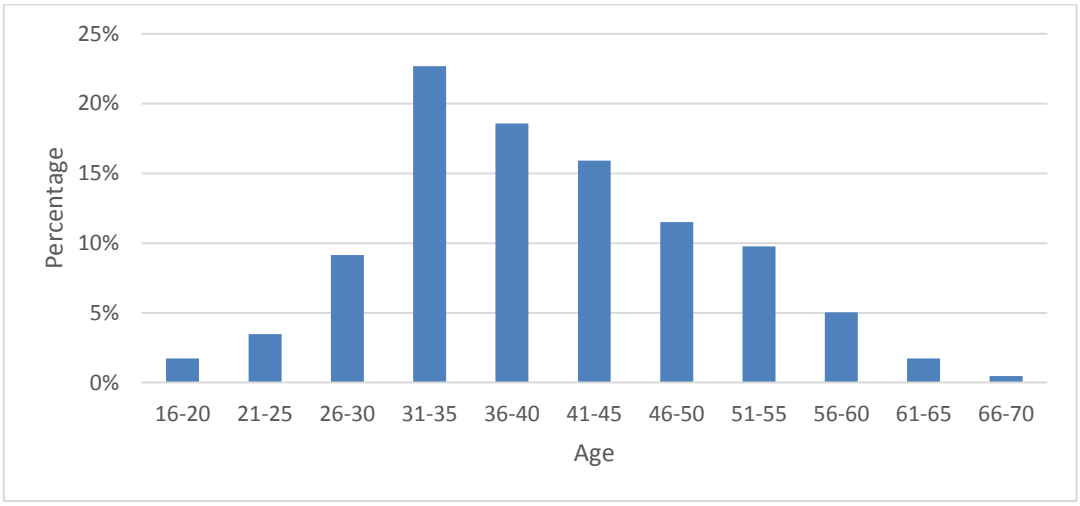
Chart 8: Ethnicity: NICE staff



105. As in 2015-16, the majority of staff (79%) are of white ethnicity. In the 2011 census, the figure for England and Wales overall was 86%.

Age

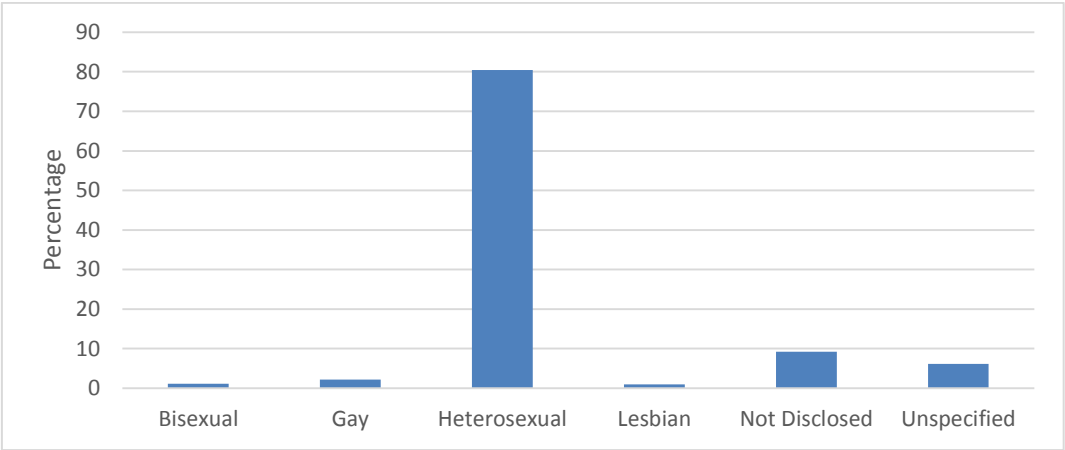
Chart 9: Age profile: NICE staff



106. Just over half (56%) of NICE's workforce are 40 years old or less. Compared to 2015-16 data, there has been a small increase in the 16 to 20 years old category, which is likely attributable to the increased number of apprentices since last year.

Sexual orientation

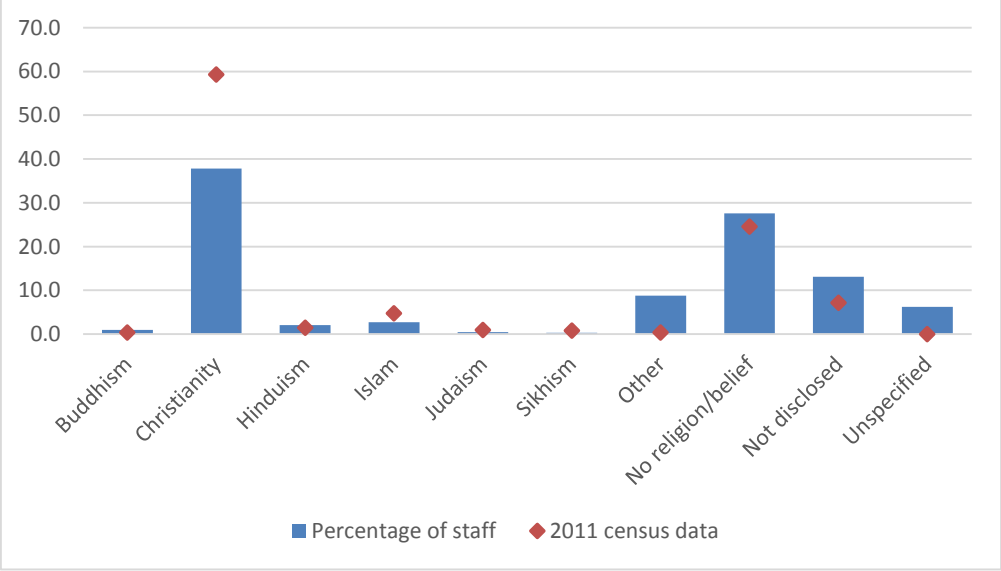
Chart 10: Sexual orientation: NICE staff



107. The profile is little changed from 2015-16, with 4% of staff stating their sexual orientation as gay, lesbian or bisexual. The combined non-disclosure and non-specified rate is 15%.

Religion and belief

Chart 11: Religion and belief: NICE staff



108. Of the staff that disclosed their religion or belief, the largest group is Christianity (38%) and the next highest is no religion (28%), which is similar to 2015-16.

Employment applicants and appointees

109. Data on employment applicants and appointees is gathered via the equality profile of individuals when they complete their application on the NHS jobs recruitment system. This data is then automatically transferred to the Electronic

Staff Record (ESR) system. There were 3,584 applications for the 194 posts advertised in 2016-17.

110. Discrepancies between the profile of applicants and appointees include:

- Gender: Women account for a higher proportion of appointees (74%) than applicants (63%).
- Ethnicity: 54% of applicants identified themselves of white ethnicity, compared to 71% of those appointed.
- Age: Those aged between 35 and 44 years old accounted for 27% of applicants and 40% of appointees. 14% of applicants were under 25 years old, compared to 8% of appointees.

111. Further information is contained in the annual workforce report to the July Board.

National Institute for Health and Care Excellence

August 2017

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 outline the challenges and risks they face.

Jane Gizbert, Director, Communications Directorate (Item 10)

Professor Mark Baker, Director, Centre for Guidelines (Item 11)

Professor Carole Longson, Director, Centre for Health Technology Evaluation (Item 12)

Alexia Tonnel, Director, Evidence Resources Directorate (Item 13)

Professor Gillian Leng, Director, Health and Social Care Directorate (Item 14)

September 2017

National Institute for Health and Care Excellence

Communications Directorate progress report

1. This report sets out the performance of the Communications Directorate against our business plan objectives during July and August 2017. These Communications Directorate business objectives are closely aligned to the NICE strategic objectives.

2. 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.

Table 1 Performance update for July and August 2017

Objective	Actions	Update
1. CONTENT Curate and facilitate high quality content in the outputs from the communication directorate and across NICE (in order to help NICE achieve its high level objective to publish guidance, standards and indicators).	Provide expertise and training to enable teams across NICE to produce quality content.	The publishing team developed easy read tools to support facilitated workshops during consultation on guidance on learning disability topics. We ran a training workshop for the guidelines update team on writing the 'rationales' to explain how the committee reached their recommendations. We are continuing to improve the guidance overview pages. Each overview now starts not only with a clear description of what is covered, but also why it matters, to encourage people to go beyond this page and read the rest of the content. To help people find relevant recommendations quickly we have added links from the overview to the key recommendation sections and made sure information about updates is included.
	Provide communications expertise into the digital transformation project.	We continued to contribute to the project investigating the potential of using MAGICapp as a system to create structured content from NICE guidance. In July, as part of the discovery phase for the project, we put key components of a technology appraisal into MAGICapp to help assess the system's capabilities.
	Implement brand refresh and create clear brand guidelines which establish the voice and personality of NICE	Done/ongoing monitoring

Objective	Actions	Update
	Ensure website content is up to date and accurate and deliver a rolling programme of improvements.	In addition to routine updates we are increasing multimedia content on the website to deliver information in more accessible ways. For example to support the promotion of committee member recruitment for more diverse audiences we created and published a learning disabilities committee lay members' video.
	Maintain 100% of guidance in NICE Pathways and continue the programme of continuous improvement.	We continued to maintain 100% of guidance in NICE Pathways. We produced a slide set about NICE Pathways and put it on the intranet for colleagues to use in external presentations.
	Expand on use of new online interactive and multimedia software packages such as 'Shorthand' to present our new guidance to media and other stakeholders	The media team has a suite of software packages for multimedia content but difficulties with desktop PC compatibility have limited their use. This year's multimedia rich annual review was published on 1 August. At the time of writing this report, it had been viewed close to 3,000 times.
	Provide communications expertise for NICE's support in shared decision making	We have contributed to the development of shared decision making tools to support the launch of the endometriosis guideline.
2 ENGAGEMENT Create a structured and coordinated approach for	Roll out a customer relationship management (CRM) system to support and monitor engagement with stakeholders and to help deliver tailored communications	The tender specification for the new CRM has been split into separate design and build lots, following advice from procurement. The initial design tender was sent to suppliers in

Objective	Actions	Update
working with and listening to stakeholders		August with a deadline for expressions of interest by 1 September.
	Develop a new interactive online newsletter with content tailored for key audiences	We are exploring the use of various platforms that support multimedia for future newsletters. We have appointed a content producer who will develop this activity over the coming months.
	Develop personalisation functionality on the NICE website (working with the digital services team) that allows visitors to tailor content to their needs	While longer term options for personalised content on the website are being explored, work is underway to refresh the communities pages. The new pages will be promoted from the homepage and will be more visually engaging with relevant content tailored to the specific audience.
	Deliver a programme of events and speaking engagements to enable NICE to engage directly with key audiences on priority topics	Work has begun on next year's NICE annual conference and the team have tendered for and secured the services of a new agency (Dods) with which to deliver the event. A provisional event date of the 26th June 2018 is on hold at the Hilton Deansgate, Manchester. As part of our exhibitions programme we exhibited at the Healthwatch Annual Conference in July. NICE staff and committee members delivered 7 presentations and speeches at a wide variety of conferences and events across the UK in July and August.

Objective	Actions	Update
	Implement social media strategy to increase engagement and drive traffic to corporate content	Our social media traffic and engagement continues to increase. (Highlights to follow in oral update to the Board)
	Further develop a system to capture audience insights (including Twitter and Website analytics) and provide regular reports to senior management	The most viewed news story on our website was on advanced paramedics taken from the Emergency and Acute Medical Care draft guideline with more than 7,200 views. This is unusually high and was driven by various paramedic organisations sharing our news story on social media and by the Twitter chat we held on the topic.
3. ADOPTION and IMPACT Promote NICE's work and help users make the most of our products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	Use graphics and images to help explain guidance and related products	The media team routinely use images and simple graphics to promote our work on social media. However difficulties with software on our desktops is preventing further expansion.
	Build on the new Social Care Quick Guides, develop new online summaries for other forms of guidance which are short, concise and use infographics and multimedia techniques	A website hub for the child abuse and neglect guideline (due to be published in October) is being developed. The hub will contain a variety of accessible information similar to our Quick Guides
	Using external comms and marketing to explain NICE internal methods and processes, and work programme to interested stakeholders	We supported the Chair with briefings for Royal College of Paediatrics and Child Health, Royal College of Nursing, Skills for Care and the Royal College of Midwives. We placed articles in stakeholder newsletters - including ADPH newsletter and LGA First Magazine on our air pollution guidance. In August we also made a submission highlighting relevant guidance and quality standards to the Independent Inquiry on Child Sexual Abuse.

Objective	Actions	Update
		We are also working on a submission for the House of Lords Science and Technology Committee's upcoming inquiry on the government's Life Sciences Strategy.
	Bring content to life by reusing case studies, shared learning examples and other material	We are working on feature articles for the LGA on our Shared Learning Award winner in 2017 (Mansfield District Council – ASSIST programme) and for the National Health Executive magazine linking in with our NHS Expo sessions on STPs and innovation and capacity in the NHS.
	Use a variety of evaluation techniques to assess the impact of our work and to regularly gauge the views of our stakeholders	We are working with teams in NICE on a wide range of audience insight projects. These include an evaluation of new tools to assess the environmental impact of our guidance, and a larger scale project exploring implementation of our guidance and any barriers.
4. PRODUCTIVITY To be effective and efficient and to work better with less	Regularly assess directorate structure and future needs to ensure that resources are in place to enable delivery of directorate and wider corporate objectives.	We continue to assess the current structure of the communications directorate to ensure it is able to support our corporate objectives. For example we continue to explore the changing need for our stakeholders to have secondary products such as quick guides/summaries and graphics-led information
	Continue to roll out efficiencies and cost savings plan that will support the communication needs of the organisation in 2017-2018 and beyond	Work is underway to identify savings in our editorial and publishing function while maintaining the high quality output for which NICE is highly regarded by stakeholders.
	Continue 2017-2018 work to develop a directorate that is content-focused, able to	As above

	work in social and multi-media and makes most productive use of communications resources.	

Other issues

News coverage

3. Between July and August, 79% of coverage was positive in tone, driven by our activity for the consultations on our acute medical emergencies and physical activity guidelines, as well as publication of the final QOF indicator menu. Wide coverage in national and regional press of new research supporting the use of statins also resulted in a lot of positive mentions of our cardiovascular guidance. The majority of neutral coverage was related to ongoing debate over CCGs rationing IVF. Some of this coverage was negative in tone with stakeholders questioning the validity of NICE guidance. This, alongside coverage of the TA/HST judicial review and controversy over our mesh IPGs led to a higher level of negative coverage (6%) than we usually receive.

4. Launch story for the Management of Common Infections stream (27 July)

   We published a news story to tie in the opinion article that claimed people should stop taking antibiotics when they start to feel better. The story gave us a chance to highlight the work NICE is doing to provide advice about how and when antibiotics should be used. This is part of our efforts to fight antimicrobial resistance. This news story was our most read website story in August.

5. Autism register story for final indicators (1 August)

   The final NICE indicator menu published in August. Our media work focused on the call for GPs to maintain an autism register, so to better support people with autism. The story received a fair amount of press coverage and stirred extensive social media debate.

6. The press release for the draft guideline on emergency and acute medical care focused on advanced paramedic practitioners to relieve pressure on emergency departments. It received positive coverage across the national press, including articles in the Daily Mail, the Sun, the Times and the i paper.

   We also co-hosted a Twitter chat with @WeParamedics during consultation of the guideline. Tim Edwards from London Ambulance Service and a guideline committee member took part on behalf of NICE. It received a good level of engagement from the paramedic community.

Events

7. In July and August the external relations team has been working on updating NICE's speaking engagements policy to take into account the work now being done by the Evidence team on generating revenue through international

engagements. The updated policy will be presented to SMT for comments and approval in September.

8. In September 2018, NICE and SIGN will co-host the Guidelines International Network (G-I-N) annual conference in Manchester and work is underway to prepare for this. The theme of the conference is 'Why we do what we do: the purpose and impact of guidelines'.

9. Throughout July and August our team has led on the preparation of a project plan and budget to oversee the delivery of the G-I-N event. Marketing and sponsorship plans have also been drafted and are currently under review before implementation in October 2017. As hosts of the conference the external communication team have produced a communication strategy and plan to promote engagement in the event both internally for staff and externally among our stakeholders.

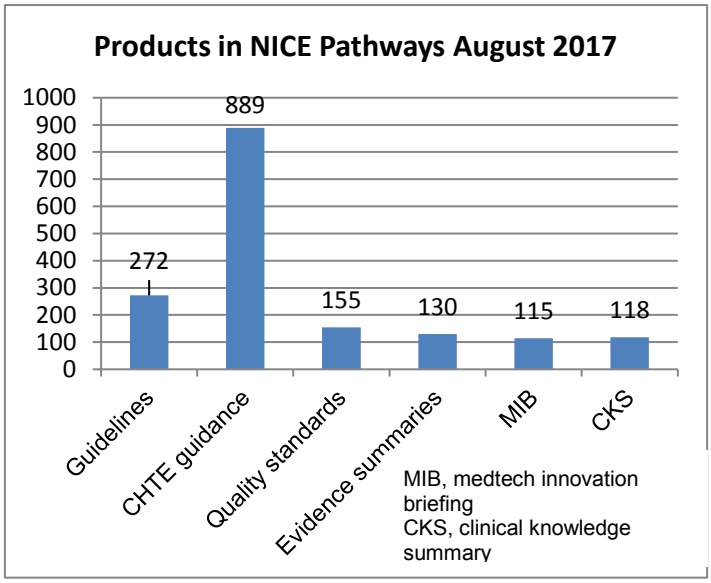
Enquiry handling

10. During July and August we responded to 1687 enquiries which included 51 MP letters, 34 freedom of information requests and 6 parliamentary questions. The most popular enquiry topic (89 enquiries) was generated by our consultation on the provisional decision not to review the guideline for chronic fatigue syndrome/myalgic encephalomyelitis (or encephalopathy). We also received questions from commissioners over the legality of the 30 day implementation period for fast track appraisals. And we handled several reports of negative patient experiences associated with use of the Essure device following press coverage.

11. Our guidance on vedolizumab for treating moderately to severely active ulcerative (TA342) and vedolizimab for treating moderately to severely active Crohn's disease after prior therapy (TA352) has generated enquiries from pharmacy and medicines optimisation teams within clinical commissioning groups, who have queried their obligation to fund the guidance at an increased dose. Commissioners have asked for clearer guidance on how models considered by the committees take into account the cost-effectiveness of increased doses that are allowed under the marketing authorisation.

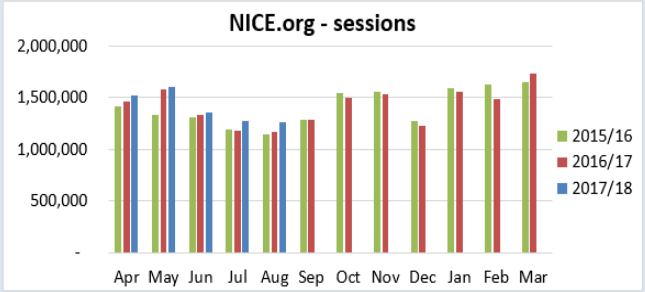
12. For our guideline on controlled drugs: safe use and management (NG46), we've seen specific interest from carers and health professionals on record keeping and safe storage. Ensuring that records for administering controlled drugs include two people present (one to administer and one to witness) has prompted debate about the resources required to comply, particularly for home settings. Questions around how to safely store controlled drugs in transit have also been asked.

NICE Pathways

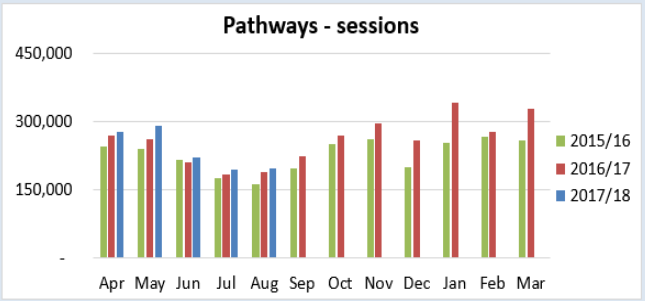


Website statistics

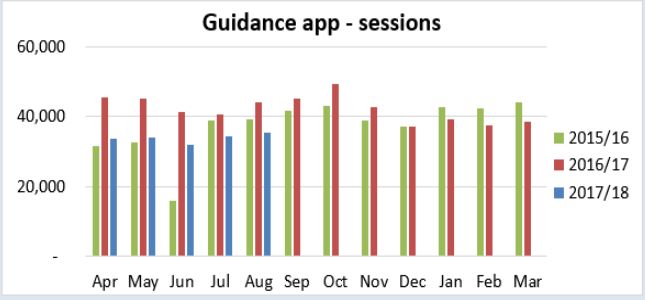
Performance of services which provide access to NICE guidance



In August 2017	1,266,206	Var. last year	8%
		Var. last month	-1%
In year ending August 2017	17,374,518	Var. last year	0%



In August 2017	197,249	Var. last year	4%
		Var. last month	2%
In year ending August 2017	3,167,981	Var. last year	13%



In August 2017	35,546	Var. last year	-19%
		Var. last month	4%
In year ending August 2017	458,806	Var. last year	-10%

Risks

Table 2 Risks identified during reporting period- key controls and ratings

Risk	Key controls	Risk rating now	Risk rating year end
Failure to seek feedback from stakeholders in how we work and communicate with them	Use of analytics to monitor and evaluate audience use of products and their views on NICE's outputs	Green	Green
Work to identify savings in our editorial and publishing function fails to find efficiencies and compromises the high quality output of the team	Work with colleagues in the Publishing team/SMT/HR to develop realistic proposals.	Green	Green

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 July and August 2017.

Performance

2. 4 clinical guidelines and 8 surveillance reviews were published. Variation from the Business Plan targets are explained in Table 1.

Table 1 Performance update for July and August 2017

Objective	Actions	Update
To publish 34 guidelines, which includes, 25 clinical, 3 public health, 3 managing common infections, and 3 social care.	There were no planned social care or public health publications in July and August. Three clinical guidelines published as planned.	Parkinson's disease was due to publish in April 2017 but was delayed, initially due to parliamentary purdah and latterly due a stakeholder challenge. This guideline published in July 2017. Urinary tract infections in under 16's (standing committee update) was due to publish in August 2017 but is now due to publish in September 2017, as additional health economic work was required. Sinusitis (Management of Common Infections guideline) was due to publish in August but will now publish in October following an update of the methods and processes.
To publish 56 surveillance reviews, which includes, 45 clinical, 10 public health and 1 social care.	8 reviews were published as planned.	There were 3 reviews from the last quarter that did not publish as expected, due to changes in the proposed review decisions and unexpected delays. All 3 published in July and August.
To refine and implement new methods and processes to accelerate the development of updated guidelines.	Establish 6 internal capacity slots updating guidelines using new accelerated methods and processes by year end.	Six internal slots are now available for accelerated updates and a fourth accelerated update has now been commissioned.

Objective	Actions	Update
	Implement new staffing structure and functions. Review and revise methods and processes for accelerated update outputs. Develop and implement new scoping and post consultation validation methods and processes to support the development of guideline updates in-house. Establish pre-development recruitment of guideline committee Chair / expert members to support scoping.	The new staffing structure for the updates team is in place and the team is currently fully staffed. Three of the six slots allocated for accelerated updates have topics assigned. The methods and processes for the scoping phase are complete and continues to be reviewed. Methods and processes for post consultation validation phase are being planned. Early recruitment of experts is established. Discussions are ongoing in relation to the feasibility and development of small updates.
To manage contracts to time, quality and budget and further develop systems that will maintain and improve the quality of work and contribute to efficiencies, and manage the change from the existing to the new commissioning arrangements for social care guidance.	Maintain delivery of quality of outputs, to time and budget through performance management through quarterly review meetings. Ensure appropriate risk management strategies are identified and managed. Efficient and sympathetic management of the non-renewal of contract with the Social Care National Collaborating Centre (NCCSC), by 31 March 2018.	Quarter 1 review meetings with both internal and external guidance developers and contractors are complete. All contractors remain within budget and are on target to deliver. All contractors' risks were reviewed and appropriate mitigation is in place. We continue to work closely with SCIE to plan the transition of social care topics and maintain quality of outputs during the final

Objective	Actions	Update
	Manage the transition to the new commissioning arrangements for social care guidance. Work with BNF to deliver agreed KPIs to time.	phase of the contract. In August the SMT agreed a pause in the commissioning of social care topics as we support the contractor to plan the TUPE arrangements of staff in the NCCSC. The new, freely available BNF app was publicly launched on the 12 July. By promoting the new app through a well-planned communication campaign and by placing messages on the old NICE BNF apps to encourage users to switch, the number of sessions on the new BNF app has overtaken the old NICE BNF app by the 1 August. Once the number of users of the new BNF app is higher than the old NICE app we plan to stand down the old NICE app as it is not being updated. Print copies of BNF 74 and BNFC 2017 are on track for distribution in September and October. The number of print copies is being reduced this year by 9% for some users. A communication strategy has started to encourage prescribers to share copies and to use the BNF app where possible.

Objective	Actions	Update
		There is a delay to the printing of the Nurse Prescribers Formulary (NPF) 2017 as the content has yet to be agreed within the Department of Health and Ministerial sign-off was not possible before the summer recess.
To harmonise and integrate methods and processes for guideline development and quality assurance across clinical, public health and social care.	Establish harmonised methods and processes for stakeholder management across centre. Establish harmonised methods and processes for quality assurance across clinical, public health and social care guidelines.	All stakeholders are now routinely invited to register for new clinical, public health and social care guideline topics. Methods and processes are being harmonised across clinical, social care and public health development and quality assurance.
To embed the merger of clinical, public health and social care surveillance functions, processes and methods, and develop sustainable methods and processes for reviewing guidelines.	Implement changed processes for surveying clinical guideline topics including continuous searching (diabetes pilot) and event tracking surveillance. Implement new staffing structure and functions. Review different process designs across functions and harmonise.	A high level approach has been drafted and a pilot process will begin on selected surveillance topics from September, running until December. A draft surveillance chapter for the guidelines manual will be provided in September to meet updated timings.

Objective	Actions	Update
	Plan the evaluation of the new processes/methods and collect necessary data to ensure they are fit for purpose.	
Develop sustainable methods for developing and maintaining guidelines and enhance the Centre's reputation for methodological quality and rigour.	To continue to develop the methods and processes of guideline development to maintain enhance the Centre's reputation for methodological quality and efficiency in guideline development. Establish and maintain links and networks with external research initiatives, organisations and projects to address our methodological needs and ensure our methods continue to reflect internationally-recognised best-practice. Establish new staffing structure and functions to support health economics across the centre. Develop a NICE GP Reference Panel to advise on the scoping of guidelines.	In July, the Methods and Economics Team hosted Dr Susan Norris from the World Health Organisation for a 3 day visit to compare and contrast our respective methods and processes for developing guidelines. Our learning from this exchange will inform future thinking around methods and process development for the programme. An application with SP&R and HST on an EU Horizon 2020 collaborative bid entitled "Improved Methods and Actionable Tools for enhancing Health Technology Assessment" (IMPACT HTA) on methods research for improved health economic evaluation has been successful. CfG's involvement will be concerned with investigating the use of combined RCT and observational data for health economic analysis in guideline development, which will give the Centre an opportunity to test the DICE modelling system that may provide a means for more efficient and consistent health economic

Objective	Actions	Update
		model development across guidelines. The project is funded for 3 years. In July, a meeting with the lead of COMET Initiative was held to discuss the findings of the asthma core outcomes set work (collaboration between NICE, COMET, Cochrane UK and Cochrane Airways). The fifth steering group meeting of the UK GRADE Network comprising NICE, UCL, Cochrane and the BMJ Knowledge Centre was held in July 2017. Implementation of the new structure bringing together the health economic function from across CfG into a single team is continuing following the MoC exercise. We are currently recruiting to 5 technical analyst vacancies in this team. The number of GPs on the NICE Reference Panel has increased to 90, which will help to accommodate the growing demand for their input. Over the past 2 months advice from the Panel has helped to shape scopes of new guidelines, advised on the role of GPs and provided feedback on draft guidelines, including MOCI topics.
Undertake a programme of transformation activities related to guideline content,	Embed the NICE content strategy principles and develop new presentations of guidelines	Key achievements in the reporting period include the launch of a management tool to

Objective	Actions	Update
process, and methods and oversee the corporate transforming guidance development programme, ensuring the needs of all NICE teams are met.	to facilitate easy access for professional users and to support shared decision making. Plan and deliver projects to support the development of structured content, management of evidence and development of guidance.	automate the ordering and tracking of journal articles and contribution to the redevelopment of EPPI-Reviewer led by University College, London. Promising prototypes have been generated in a project aiming to improve on line consultation processes, to maximise efficiency in the way NICE interacts with external stakeholders. Discovery work on tooling to support the implementation of structured content at NICE has been completed, and further evaluation is now planned.
To undertake a scheduled update of 'Developing Guidelines the Manual'.	Plan a scheduled update of 'Developing Guidelines the Manual' for consultation. Develop a plan for internal and external engagement taking into account areas for development. Deliver an updated 'Developing Guidelines the Manual' for implementation in 2018.	Work towards an updated guidelines manual is progressing well, and new text has been developed in a number of areas including significant updates to the quality assessment chapter. A virtual external reference group has been established and experts in a range of relevant areas have contributed suggestions on areas for development. The full updated manual is scheduled for Board consideration in March 2018, ahead of public consultation.

Figure 1 Performance against plan for guidelines between April 2017 and August 2017

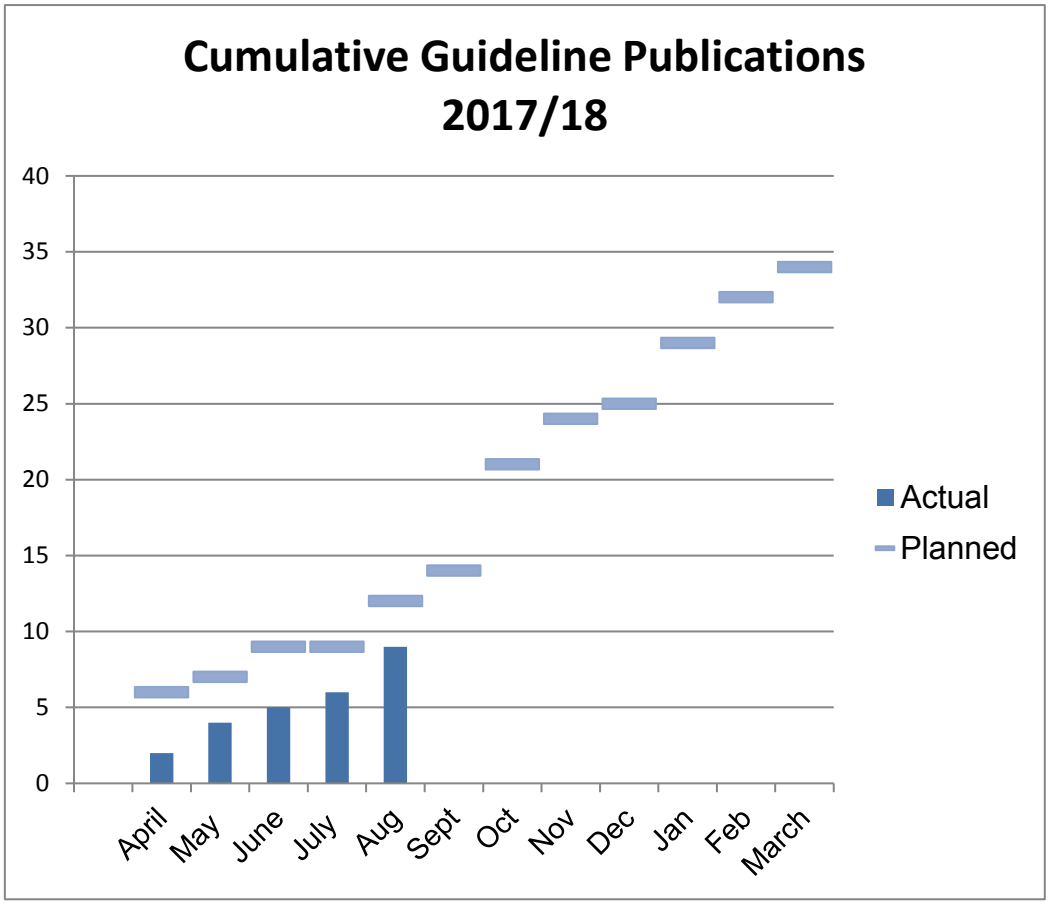


Figure 2 Performance against plan for management of common infections between April 2017 and August 2017

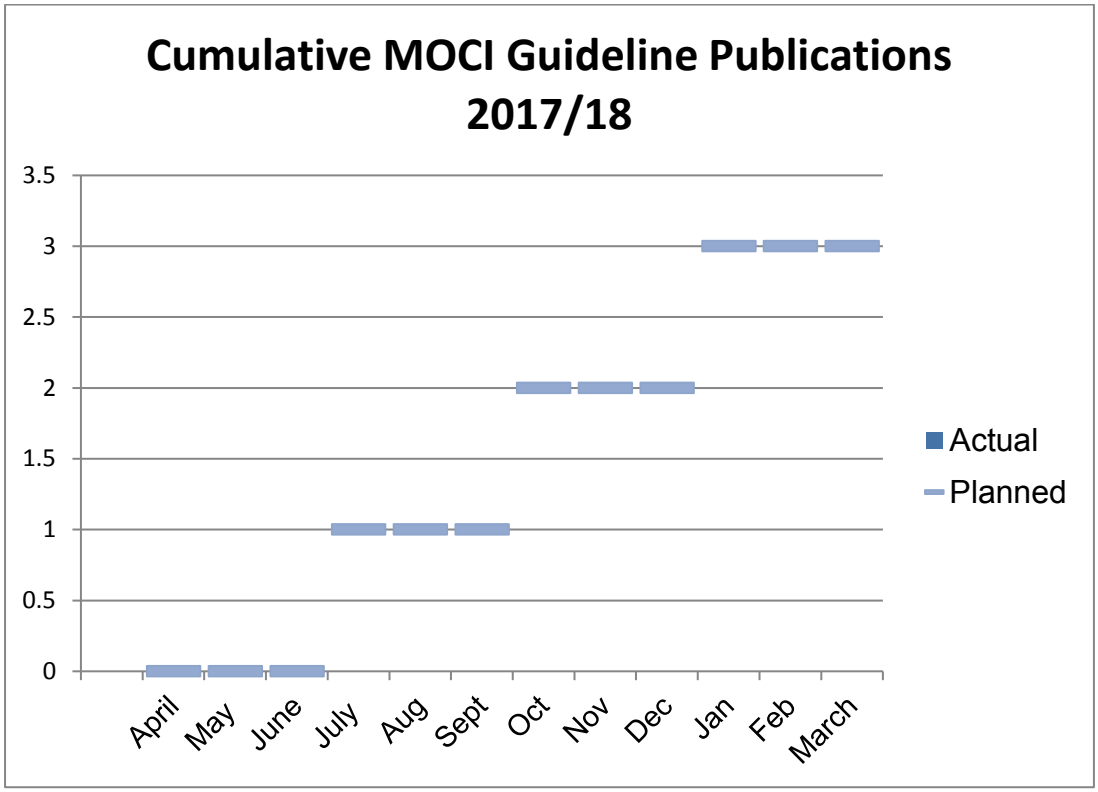
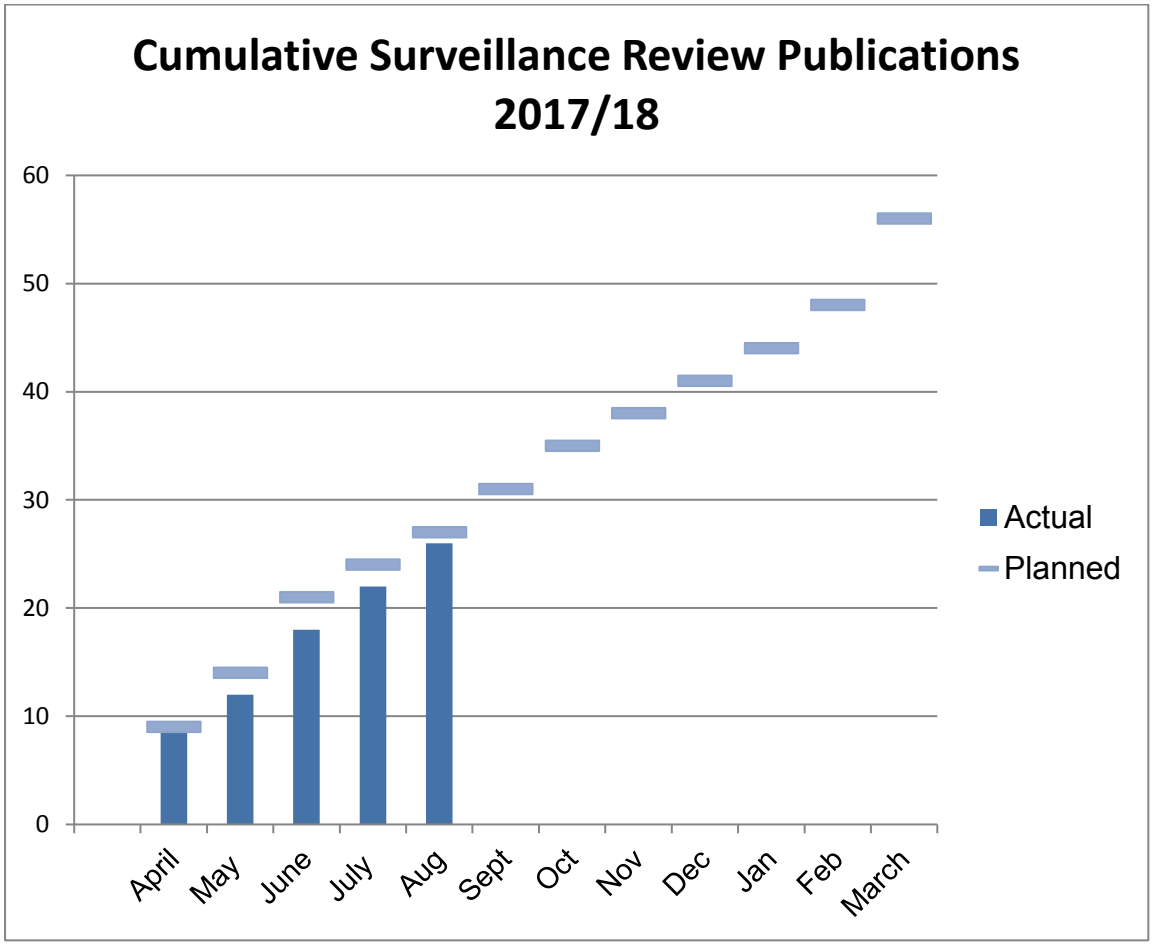


Figure 3 Performance against plan for surveillance reviews between April 2017 and August 2017



Appendix 1 Guidance published since April 2017

Guidance title	Publication date	Notes
Sexually transmitted infections: Condom distribution schemes (NG68)	April 2017	Public health guideline
Alcohol use disorders (CG100)	April 2017	Clinical guideline - Standing committee update
Hip fracture (CG124)	May 2017	Clinical guideline - Standing committee update
Eating disorders (NG69)	May 2017	Clinical guideline
Air pollution: outdoor air quality and health (PH92)	June 2017	Public health guideline
Parkinson's Disease (NG71)	July 2017	Clinical guideline
Advanced breast cancer (CG81)	August 2017	Clinical guideline - Standing committee update
Developmental follow up of children and young people born preterm (NG72)	August 2017	Clinical guideline
Type 2 diabetes prevention in people at high risk (PH38)	August 2017	Clinical guideline - Standing committee update
MOCI guidelines	No publications in April, May, June, July or August	
Metastatic malignant disease of unknown primary origin in adults: diagnosis and management (CG104)	April 2017	Surveillance review
Fever in under 5s: assessment and initial management (CG160)	April 2017	Surveillance review
Acute kidney injury: prevention, detection and management (CG169)	April 2017	Surveillance review
Chronic kidney disease (stage 4 or 5): management of hyperphosphataemia (CG157)	April 2017	Surveillance review

Guidance title	Publication date	Notes
Chronic kidney disease in adults: assessment and management (CG182)	April 2017	Surveillance review
Chronic kidney disease: managing anaemia (NG8)	April 2017	Surveillance review
Intravenous fluid therapy in adults in hospital (CG174)	April 2017	Surveillance review
Antisocial behaviour and conduct disorders in children and young people: recognition and management (CG158)	April 2017	Surveillance review
Patient group directions (MPG2)	April 2017	Surveillance review
Idiopathic pulmonary fibrosis in adults: diagnosis and management (CG163)	May 2017	Surveillance review
Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease (CG172)	May 2017	Surveillance review
Head injury: assessment and early management (CG176)	May 2017	Surveillance review
Psoriasis: assessment and management (CG153)	June 2017	Surveillance review
Crohn's disease: management (CG152)	June 2017	Surveillance review
Ulcerative colitis: management (CG166)	June 2017	Surveillance review
Social anxiety disorder: recognition, assessment and treatment (CG159)	June 2017	Surveillance review
Antenatal and postnatal mental health: clinical management and service guidance (CG192)	June 2017	Surveillance review

Guidance title	Publication date	Notes
Constipation in children and young people: diagnosis and management (CG99)	June 2017	Surveillance review
Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (CG32)	July 2017	Surveillance review
Cancer of the upper aerodigestive tract: assessment and management in people aged 16 and over (NG36)	July 2017	This was an exceptional review
Transition between inpatient mental health settings and community or care home settings (NG53)	July 2017	This was an exceptional review
Vitamin D: increasing supplement use in at-risk groups (PH56)	July 2017	Surveillance review
Atrial fibrillation: management (CG180)	August 2017	Surveillance review
Workplace health theme: 1. Workplace health: long term sickness absence and incapacity to work (PH19) 2. Workplace health: management practices (NG13)	August 2017	Surveillance review
Immunisations: reducing differences in uptake in under 19s (PH21)	August 2017	Surveillance review
Osteoarthritis: care and management (CG177)	August 2017	Surveillance review

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 against our business plan objectives during July and August 2017.

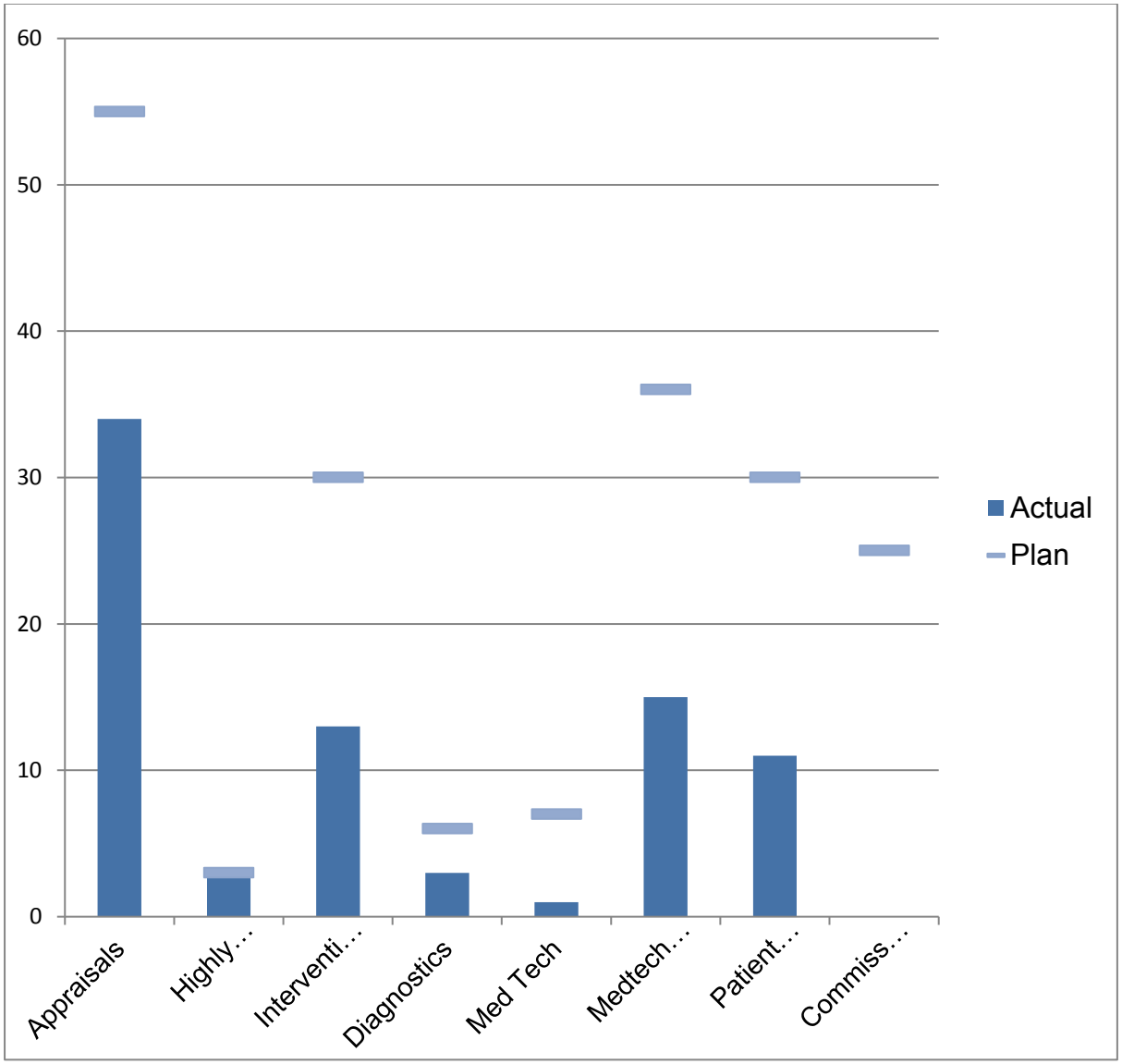
Performance

Table 1: Performance update for July - August 2017

Objective	Actions	Update
Publish 55 technology appraisals guidance (including up to 15 CDF reconsiderations)	22 pieces of guidance published	On target to publish more than 55 pieces of guidance in 2017/18 (currently anticipated to be 65)
Publish 30 interventional procedures guidance	6 pieces of guidance published	On target to publish 30 pieces of interventional procedures guidance in 2017/18
Publish 6 diagnostics guidance	1 piece of guidance published	On target to publish 5 pieces of guidance in 2017/18, one fewer than planned. One assessment has been extended to allow for additional work and will now publish in 2018/19
Publish 3 highly specialised technologies guidance	1 piece of guidance published	Have met the target of publishing 3 pieces of guidance in 2017/18
Publish 7 medical technologies guidance	No guidance published in August.	On target to publish 7 pieces of guidance in 2017/18
Publish 36 Medtech Innovation Briefings (MIBs)	8 MIBs published	On target to publish 36 MIBs in 2017/18
Submit advice to ministers on 30 Patient Access Schemes	No advice to Minister has been issued during July and August.	On target to produce 30 pieces of advice to the Minister for 2017/18.
Deliver up to 25 Commissioning Support Documents	No documents have been issued during July and August	Work has commenced on first topics. It has been agreed with NHS England

Objective	Actions	Update
		that 9 topics will be completed in 2017/18
Effective management of Scientific Advice income generated activity	6 complete and 13 live advice projects in progress to date 0 speaking engagements	13 further advice projects pending for 2017/18 5 seminars scheduled for 2017/18 11 speaking engagements pending for 2017/18

Figure 1 Performance against plan for Centre for Health Technology Evaluation in April to August 2017



Key developments and issues

Scientific Advice

2. Since launching the META tool on 3 July 2017, Scientific Advice held the first META training day with potential external licensees on 15 August 2017. The training day is a step in the process for organisations to be able to use the tool under license from NICE. A further 5 facilitating organisations who wish to license the tool have confirmed their attendance on the next training dates in September and October.

3. Since the launch event, Scientific Advice are progressing projects with 2 companies who wish to use the META tool with NICE as the facilitating organisation.

Office for Market Access

4. There is continued significant interest from the life sciences industry in the services of the Office for Market Access (OMA). Five paid engagement meeting have been delivered up until the end of August, with 3 further meetings confirmed over the coming months; discussions are concluding on additional engagements which will absorb the OMA meeting delivery capacity until the end of 2017. The first OMA multi-product meeting is among the meetings due to take place shortly; this is a live pilot and will provide valuable learning on this new offering.

5. Following the request by the Office of Life Sciences and NICE Board approval, work had commenced on establishing the Accelerated Access Partnership Programme Office at NICE; this will sit alongside OMA and look to leverage synergies that will benefit both programmes.

Medical Technologies Evaluation Programme

6. The programme's process and methods guides have been updated and published on the website to reflect recent changes in the topic selection process which will release more Committee capacity for guidance development.

7. The process and methods for reviewing medical technologies guidance were recently updated to increase the efficiency of updating guidance in circumstances when there is no new evidence to change the original recommendations. Amended guidance for MTG2 Moor LDI2-B1 was published in July 2017 using the new process.

Diagnostics Assessment Programme

8. The first full guidance update by the programme (Adjunctive colposcopy technologies for assessing suspected cervical abnormalities, DG4, published August 2012) was discussed by the diagnostics advisory committee in July. The draft recommendations will be released for public consultation at the end of August.

Technology Appraisals and Highly Specialised Technologies

9. Following Board approval in March 2017, the TA programme has now implemented the new Fast Track Appraisal (FTA) process. Two appraisal topics have now been selected to be assessed through the FTA process; ID952 - Aflibercept for treating myopic choroidal neovascularisation and ID903 - Golimumab for treating non-radiographic axial spondyloarthritis.

10. As reported in the July 2017, we are implementing the arrangements for the budget impact test in both the technology appraisal (TA) and highly specialised technologies (HST) programmes. The 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. Sixteen appraisals have been assessed for the budget impact test so far. The projected budget impact for all these appraisals are below the £20 million test.

11. The Association of British Pharmaceutical Industry (ABPI) have applied for a judicial review against the implementation of the budget impact test and the introduction of QALYS in HST methodology.

12. In addition to the publication of 17 new pieces of guidance, the programme also worked on the withdrawal of 2 pieces of guidance (TA191; pegloticase and TA232; retigabine). Due to the application of the "Sunset Clause" pegloticase is no longer an authorised product within the EU and retigabine has been withdrawn from the market by the company. The Sunset Clause is applied to any authorisation which is not followed by the actual placing of the product on the EU market within three years after granting of the authorisation. At this point the authorisation ceases to be valid.

Interventional Procedures Programme

13. In July, the Interventional Procedures (IP) Programme, in association with the Medical Technologies and Diagnostics Programmes, hosted a meeting with the Specialist Clinical Societies. As a consequence of discussions at the meeting, a number of actions are being implemented to help raise profile of the

programmes and to ensure we can better utilise Specialist Advisor input and expertise in these programmes.

14. A new format for Interventional Procedures Guidance has been agreed between the IP programme and the editors. This will take advantage of the web format presentation and allows the reader to easily access the recommendations and, should they choose, review the data which underpinned the recommendation using web links. This new format will take effect in September.

15. An elective medical student who had a placement in the IP Programme undertook an audit showing good compliance with agreed IP process timelines for development of guidance. The IP process timelines were split into 6 stages: 1) Notification, 2) IPAC0 (scoping), 3) IPAC1, 4) Consultation, 5) IPAC2, 6) GE, resolution and publication. The audit identified areas where process improvements can be made between procedure notification and the initiation of generating guidance production. The team are now working on updating operating procedures at this point in the production cycle.

Position statement on use of the EQ-5D-5L valuation set

16. Since 2008, NICE's preferred measure of health-related quality of life in adults has been EQ-5D. There is a new version, EQ-5D-5L, which has 5 response levels instead of the previous 3. NICE commissioned its Decision Support Unit to compare the newer EQ-5D-5L and older EQ-5D-3L. This work revealed that the 2 measures are substantially different. NICE has asked the Decision Support Unit to explore the impact of adopting EQ-5D-5L in the NICE reference case. NICE is also working with the Department of Health to commission further research to quality-assure EQ-5D-5L. Whilst this research is ongoing, we have issued a position statement that provides advice to companies, academic groups and committees. The EQ-5D-5L valuation set is not recommended for use; instead the EQ-5D-3L valuation set should be used for reference-case analyses. The statement was approved by the senior management team and is consistent with the existing NICE guide to the methods of technology appraisal (2013). The statement was issued in August 2017 and NICE plans to review it in a year.

Table 2: The key risks for this reporting period are shown in the table below.

Risk	Key controls	Risk rating now	Risk rating year end
Capacity issues within the Technology Appraisal programme for the 2017/18 business year. Demand will outstrip supply.	1. Develop and submit a business case for NHS England to request additional resource to increase capacity 2. If necessary, consider moving resource within CHTE to reduce the capacity pressure in the Technology Appraisal Programme	Red	Amber

Appendix 1 Guidance published since April 2017

Guidance title	Publication date	Notes
Technology Appraisals		
TA473: Cetuximab for the treatment of metastatic and/or recurrent squamous cell carcinoma of the head and neck (review of TA172)	August 2017	
TA472: Lymphoma, non Hodgkin's NHL indolent, rituximab & refract) - obinutuzumab	August 2017	
TA471: Irritable bowel syndrome (diarrhoea) - eluxadoline	August 2017	
TA470: Leukaemia (chronic lymphocytic, relapsed) - ofatumumab (with chemotherapy)	August 2017	Terminated
TA469: Leukaemia (chronic lymphocytic) - idelalisib (with ofatumumab)	August 2017	Terminated
TA468: Constipation (opioid induced) - methylnaltrexone bromide	August 2017	Terminated
TA467: Holoclar for treating limbal stem cell deficiency after eye burns	August 2017	
TA466: Baricitinib for moderate to severe rheumatoid arthritis	August 2017	
TA465: Olaratumab in combination with doxorubicin for treating advanced soft tissue sarcoma	August 2017	
TA464: Bisphosphonates for treating osteoporosis	August 2017	

Guidance title	Publication date	Notes
TA463: Cabozantinib for previously treated advanced renal cell carcinoma	August 2017	
TA462: Nivolumab for treating relapsed or refractory classical Hodgkin lymphoma	July 2017	
TA461: Roflumilast for treating chronic obstructive pulmonary disease	July 2017	
TA460: Adalimumab and dexamethasone for treating non-infectious uveitis	July 2017	
TA459: Collagenase clostridium histolyticum for treating Dupuytren's contracture	July 2017	
TA458: Trastuzumab emtansine for treating HER2-positive advanced breast cancer after trastuzumab and a taxane	July 2017	
TA457: Carfilzomib for previously treated multiple myeloma	July 2017	
TA456: Ustekinumab for moderately to severely active Crohn's disease after previous treatment	July 2017	
TA455: Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people	July 2017	
TA454: Daratumumab with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)	July 2017	
TA453: Bortezomib for treating multiple myeloma	July 2017	

Guidance title	Publication date	Notes
after second or subsequent relapse (terminated appraisal)		
TA452: Ibrutinib for untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation (terminated appraisal)	July 2017	
TA451: Leukaemia (chronic myeloid, acute lymphoblastic) - ponatinib [ID671]	June 2017	
TA450: Leukaemia (acute lymphoblastic, B-precursor, relapsed, refractory) - blinatumomab [ID804]	June 2017	
TA449: Neuroendocrine tumours (metastatic, unresectable,progressive) - everolimus and sunitinib [ID858]	June 2017	
TA448: Etelcalcetide for treating secondary hyperparathyroidism [ID908]	June 2017	
TA447: Lung cancer (non-small-cell, metastatic, untreated, PDL1) - pembrolizumab [ID990]	June 2017	
TA446; Brentuximab vedotin for treating CD30-positive Hodgkin's lymphoma	June 2017	
TA445: Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs	May 2017	
TA444: Afatinib for treating advanced squamous non-small-cell lung cancer after platinum-based	May 2017	

Guidance title	Publication date	Notes
chemotherapy (terminated appraisal)		
TA443: Obeticholic acid for treating primary biliary cholangitis	April 2017	
TA442: Ixekizumab for treating moderate to severe plaque psoriasis	April 2017	
TA441: Daclizumab for treating relapsing–remitting multiple sclerosis	April 2017	
TA440: Pegylated liposomal irinotecan for treating pancreatic cancer after gemcitabine	April 2017	
Highly Specialised Technologies		
HST6: Asfotase alfa for treating paediatric-onset hypophosphatasia	August 2017	Recommended with a Managed Access Agreement and commercial terms with NHS England.
HST5: Eliglustat for treating type 1 Gaucher disease	June 2017	
Interventional Procedures		
IPG590 Biodegradable spacer insertion to reduce rectal toxicity during radiotherapy for prostate cancer	August 2017	Standard arrangements
IPG589 Radiofrequency treatment for haemorrhoids	August 2017	Special arrangements
IPG588 Liposuction for chronic lymphoedema	August 2017	Standard arrangements
IPG587 Hysteroscopic sterilisation by insertion of intrafallopian implants	July 2017	Standard arrangements
IPG586 Transcatheter aortic valve implantation for aortic stenosis	July 2017	Standard arrangements

Guidance title	Publication date	Notes
IPG585 Laparoscopic insertion of a magnetic titanium ring for gastro-oesophageal reflux disease	July 2017	Special arrangements
IPG584 Uterine suspension using mesh (including sacrohysteropexy) to repair uterine prolapse	June 2017	Standard arrangements
IPG583 Sacrocolpopexy using mesh to repair vaginal vault prolapse	June 2017	Standard arrangements
IPG582 Infracoccygeal sacropexy using mesh to repair uterine prolapse	June 2017	Special arrangements
IPG581 Infracoccygeal sacropexy using mesh to repair vaginal vault prolapse	June 2017	Special arrangements
IPG580 Endoscopic full thickness removal of non-lifting colonic polyps	May 2017	Special arrangements
IPG579 Irreversible electroporation for treating pancreatic cancer	May 2017	Research only
IPG578 Minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain	April 2017	Standard arrangements
Diagnostics		
DG30 Quantitative faecal immunochemical tests to guide referral for colorectal cancer in primary care	July 2017	
DG29 Multiple frequency bioimpedance devices to guide fluid management in people with chronic kidney disease having dialysis	June 2017	
DG28 Virtual chromoendoscopy to assess colorectal polyps during colonoscopy	May 2017	

Guidance title	Publication date	Notes
Medical Technologies		
MTG34 SecurAcath for securing percutaneous catheters	June 2017	

National Institute for Health and Care Excellence

Evidence Resources progress report

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

    - The Digital Services team delivers NICE's digital transformation programme and maintains all NICE's digital services.
    - The Information Resources team provides access to high quality evidence and information to support guidance development and other NICE programmes. It also supports the provision of evidence content to NICE Evidence Services and it 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 and in responding to international delegation enquiries.

2. The directorate manages the NICE Evidence Services, a suite of evidence services including a search portal (Evidence Search), the Clinical Knowledge Summary service (CKS), the BNF microsites (BNF and BNFc), access to journals and bibliographic databases via a federated search (HDAS), and medicine awareness products.

3. This report sets out the performance of the Evidence Resources directorate against our business plan objectives for 2017/18. It also highlights performance against agreed metrics and provides an update on the risks managed within the directorate.

Performance

4. The directorate's progress achieved in July and August 2017, against the objectives set for the year 2017/18 is summarised in the table below.

Table 1 Overview of performance in July/August 2017 against FY 2017/18 objectives

Objective	Actions	Update
Information Resources		
Deliver the suite of digital evidence services, which meet the evidence information needs of health and social care users and partner agencies	• Maintain and make measurable improvements to the component services of NICE Evidence Services	• **On track but drop in sessions for the BNF microsite** - Traffic across all sub-services continued to be strong over the period (see performance data later in this report) except for the two BNF microsites. The new sites were launched at the end of June 2017 and in August visits have dropped by 51% compared to the equivalent month in 2016. A drop in referrals from search engines (due to an expected delay in Search engines re-indexing our new sites) is believed to be the driver alongside the successful launch of the new BNF publisher open access app in the same period. Progress is being monitored and a small team will identify search engine optimisation actions to accelerate re-indexing. • Work to improve the efficiency of identifying and ingesting evidence for the medicines management collection in Evidence Search is complete.
	• Procure and maintain the underpinning Link Resolver and Identity Management services	• **On track** – Implementation and testing of the new provider technology is under way with a live launch planned for October 2017. Training of administrators is underway.
	• Manage content procurement contracts (CKS, Cochrane), including those on behalf of HEE (National Core Content)	• **On track** - Extension to the Core Content contracts are being secured for HEE. Some services have seen a substantial increase in cost due to changes in global exchange rate. Procurement for the CKS service resulted in the incumbent provider being re-appointed.
	• Manage the NICE Framework Agreement which supports local purchasing of information resources.	• No progress to report this period

Deliver efficient and high quality information services to NICE centres and directorates	• Develop Information Services capacity and support for new or growing programmes of work in line with 2017/18 activity plans. • Explore new methods and approaches, and where suitable, deliver service improvement in the provision of Information Services across NICE. This will involve close engagement with the Evidence Management project.	• **On track** – new or additional support in place for medtech innovation briefings, commissioning support documents, IAPT assessment briefings and technology appraisals. • **On track** – the full document supply tool went live in Q1; sponsor and expert user input ongoing in to the development of EPPI-R5.
Digital Services		
Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives.	• Guidance Production Services: key priorities are the Evidence Management programme, the continued development of a structured content authoring platform and improving the processes of external consultations.	**On track** - a number of digital projects have either completed or are under way across the portfolio. This includes: **Guidance production services:** • The strategic review of MAGIC, a 3rd party guidance authoring tool, reported to the Senior Management Team in July resulting is approval to deploy MAGIC on a specific NICE programme, the Antimicrobial Prescribing Guidelines. Through the APG programme, NICE will establish whether the MAGIC technology can meet the long term needs of NICE. • Work to upgrade our evidence management tools in partnership with UCL is entering a new phase and is currently being further extended to the end of October 2017. The objective of new phase of work is to redesign the core architecture of the tool to enable surveillance capabilities to be developed for NICE. • Work to bring efficiencies to the external consultation process started in July. A first phase of work was completed with a working prototype. Initial work will be subject to a formal assessment by Government Digital Services in September.

Deliver digital service projects in line with the agreed investment priorities for 2017/18 and NICE's business plan objectives. (continued)	• NICE Website: continue to improve user experience across our sites. Other priorities to be confirmed through Q4 2016/17.	**NICE website:** • Work to upgrade the search technology across the NICE website services (including the Pathways search) completed in July 2017. The Web Services Group are in the process of prioritising their next major project focusing on user experience and delivering a more joined up experience.
	• NICE Evidence Services: continue to enhance operations stability and performance. • Other projects arising during the year:	**NICE Evidence Services:** • As mentioned earlier, visits to the new BNF microsites are being monitored following launch in late June 2017. • Search technology replacement was extended to all Evidence Services and this concluded at the end of August 2017. • Link resolver implementation is on track for launch by October 2017. • A project to refresh UK Pharmascan reporting is nearing completion but launch has been postponed due to resource shortage during the holiday period. In addition, Evidence Resources have supported the Centre for Health Technology Evaluation to appoint an external digital agency to undertake the design and build the new MedTechScan database. The appointed agency will start work in September 2017.

Maintain operational service delivery and implement service improvements based on user insights and service performance against key performance indicators.	• Maintain the NICE Digital Services to agreed service levels (in terms of service availability and time to defect resolution). • Maintain digital services performance indicators in line with business priorities and user insights. • Continue to translate data and observations about the performance of NICE Digital Services into actionable improvement proposals. • In response to the above, continuously improve NICE Digital Services in line with agreed investment priorities.	• **On track** - NICE Digital Services operated within the generic agreed service levels for availability. Defect resolution SLAs were adhered to in 48% of cases. In July and August 62 defects were closed. • **On track** – the digital performance analyst has streamlined her generic Google Analytics reporting to Service Groups. This is releasing capacity for generating insight on agreed priority improvement areas for the NICE website. • **On track -** a 'journey map process' to support iterative changes to the NICE website has been developed and will be discussed with the NICE web team as an new approach to manage continuous improvement of the NICE website. • **On track** – maintenance and continuous improvement priorities for 2017/18 are being agreed with service groups and shared with SMT. In July and August, 22 Change Control Requests were completed. • Work to build automated testing capabilities for our developers is nearing completion (end of September).

Maintain and where possible improve the productivity of the digital services function	• Progressively introduce new working practices that will lead to increased knowledge sharing amongst the multi-disciplinary teams and increase throughput.	• **On-going** – in early June 2017, three new 'Service Delivery Teams', Evidence, Content and Channels, were launched. Regular workshops are being held to re-align working processes for example how to raise and resolve 'priority defects' under the new model. More work is needed to keep all teams aware of these regular changes.
	• Continue to reduce the end to end delivery time of small changes to services ensuring shorter cycles of improvement and learning.	• **On-going** – training to JIRA, our new platform for managing software projects, was rolled-out across the digital services team during August 2017. Configuration of the tool to NICE needs has started.
	• Continue to develop semantic capability to support our products and platforms, including a revised classification vocabulary and a metadata repository.	• **No further progress this period.**
	• Continue to optimise the hosting infrastructure.	• **On-going** – a change in our hosting contract was implemented in August 2017 which represents a 10% reduction in monthly bills. Further efficiencies are being targeted.
	• Ensure the business benefits expected from projects run under the Digital Strategy are clearly defined in project documentation and that processes are in place with teams across NICE to ensure the realisation of benefits is monitored and reported.	• **Started, after some procurement delays** – A business analysis and costing project to identify the key areas of potential efficiency along the guidance development process, with a view to guide further investment decisions, started in August 2017.

	• Recruit permanent staff in line with budget assumptions. Monitor success of recruitment and adjust budget assumptions accordingly. • Support retention and development of talents.	• **On-track** – a recruitment effort is under ways for developer, tester and web engineer resources with some promising developments at the end of August 2017. However, we were not successful in recruiting a data modeller during the period. • **On-track** – Two apprentices will remain with NICE taking junior developer positions from September 2017. Unfortunately, 1 of our 4 Service Delivery Managers will leave NICE in October 2017. Recruitment will start in September to reappoint.
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders.	• Support NHS Digital in the development and adoption of common standards, taxonomies and language across ALBs • Maintain an ongoing relationship with the nhs.uk project (re-development of NHS Choices). • Identify partners for joint working on digital initiatives which support the distribution and re-use of NICE content in decision support and other third party systems. This may involve academic and regional collaborations • Fully capitalise on existing relationships with specialists in the evidence management field and extend to other potential partners.	• **On-going –** NICE has joined the Professional Record Standard Board (PRSB) Advisory Board. The PRSB's mission is to support the development of standards in clinical records. The PRSB are working closely with NHS Digital to support the adoption of SNOMED standards across the NHS. This is an opportunity for NICE to understand if and how SNOMED should play a role in adding structure and meta-data to NICE content. • **No further progress this period.** • **No further progress this period.** • **On track** - currently enabled through our partnership with the EPPI-Centre at UCL and their link with NaCTeM at Manchester University. NICE and UCL are co-authoring and presenting poster at the Global Evidence Summit in September 2017. Other connections are being made to support the management of 'provenance' information in the guideline production process.

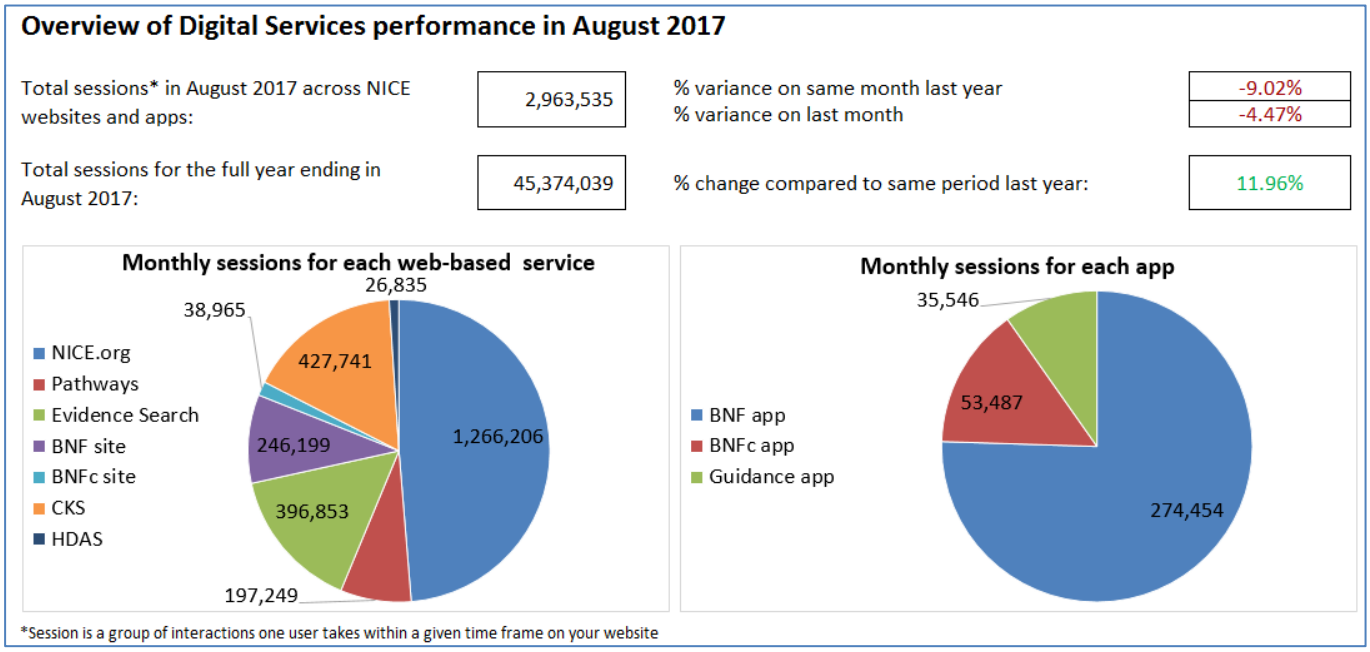
IP and Content Business Management		
Actively pursue revenue generation opportunities associated with international interest in the expertise of NICE and the re-use of NICE content and quality assurance.	• Articulate and promote NICE's value propositions associated with the re-use of NICE content outside of the UK – this will include permissions to use content overseas, adaptation of guidance, quality assurance services and syndication services. • Articulate and promote NICE's value propositions involving knowledge sharing with international organisations interested in NICE's expertise and experience – this will include supporting international delegations and enabling targeted advisory services.	**On-track:** • There is now a much greater understanding of the processes associated with responding to international enquiries across NICE teams and requests continue to be responded to with increasing speed and clarity. • Marketing material has been prepared to promote the international services. Publishing on the NICE website has been delayed but this is now planned for the end of September. • The Senior Management Team of NICE has approved 1) a programme of work to refresh and standardise the copyright statement attached to NICE material. Over time, this will help promote the terms under which NICE's content can be re-used in the UK and overseas. 2) the development and implementation of an IP management policy to ensure that NICE IP is managed more consistently. • The NICE Scientific Advice team have taken on the delivery of a small piece of advisory work for the Vietnam Social Security, funded by the Foreign Commonwealth Office (FCO).

Directorate wide		
Subject to available resources, work with partner agencies to continue to engage and support the wider app evaluation programme.	• Liaise with PHE, NHS England, NHS Digital, the Office for Life Sciences (OLS), MHRA and CQC to ensure that NICE Health App Briefings are promoted and are part of wider app evaluation discussions.	• **No further progress this period.** Publication of the first 2 pilot NICE Health App Briefings (HABs) was delayed and is now expected in September 2017 with a third HAB planned for publication in October 2017.
Implement the second year of a three year strategy to manage the reduction in the Department of Health's Grant-In-Aid funding.	• Maintain focus on identifying new cost saving opportunities arising across the directorate portfolio of activities. • Review and renegotiate supplier contracts in line with savings target and schedule agreed and monitored by the SMT.	**On-track** • All savings targets including renegotiated new contracts are in line with agreed savings plans • Work has started to secure the realisation of Evidence Resources savings targets for 2018/19.

Performance of the live services supported by NICE digital services

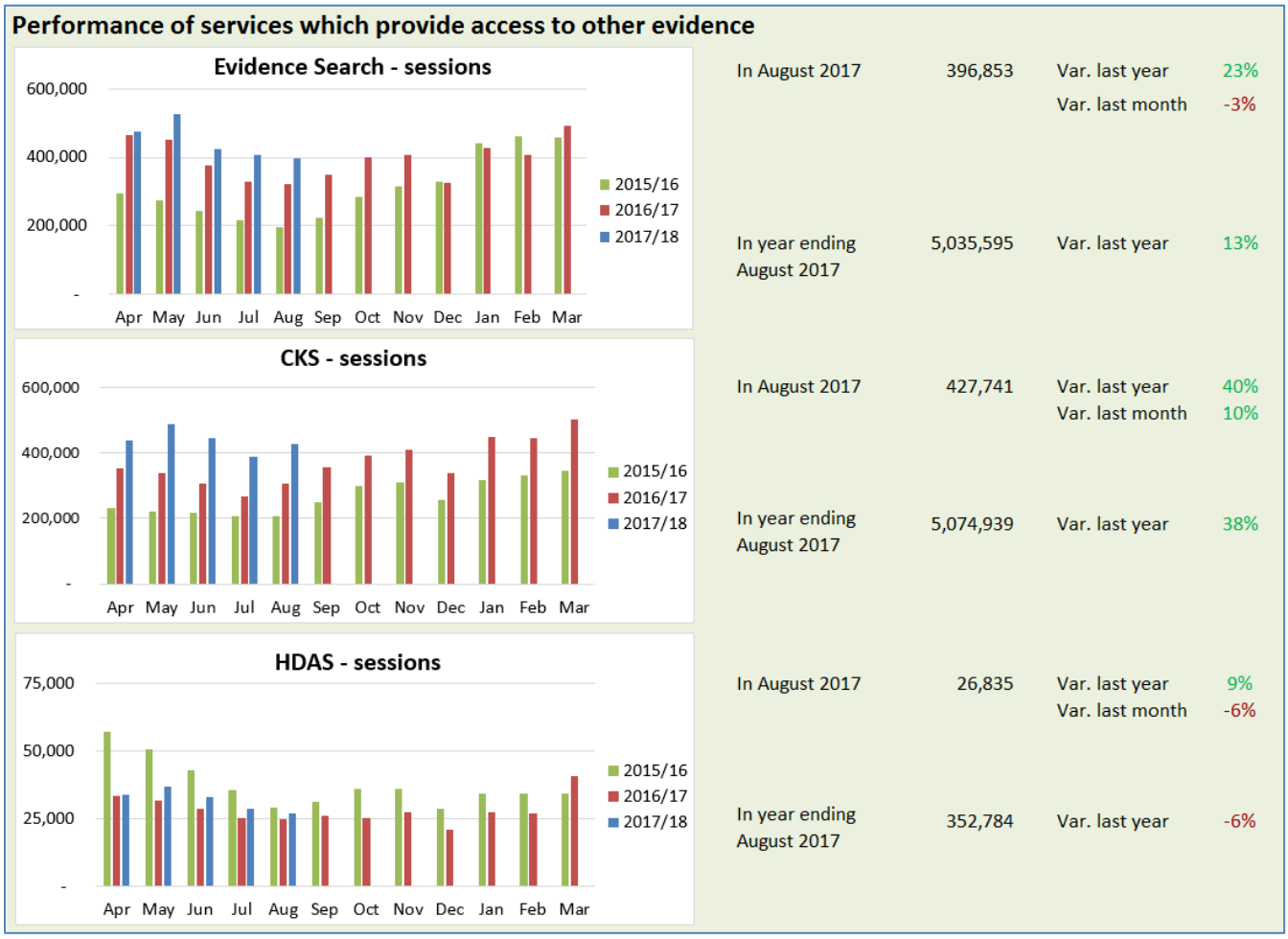
5. Figure 1 below summarises the position of all NICE's digital services at the end of August 2017, exposing the relative size of the different externally facing services of NICE, measured in number of 'sessions' (the number of visits to a website within a date range). There were over 45 million sessions across all digital services in the last twelve months which translates to a 12% increase in comparison with the same period in 2016/17. Note that the 4% decline in sessions from July to August is due to the summer season that we experience every year.

Figure 1: Overview of NICE's digital services performance as of August 2017



6. Figure 2 below 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. July and August have been strong months for Evidence Search, CKS and HDAS relative to last year and despite the seasonal downturn. HDAS is recovering from the loss experienced in 2016, prior to the new launch.

Figure 2: Performance of services providing access to 'other evidence' as of August 2017



7. Figure 3 summarises the performance of our BNF services, the microsites and the apps. Please note that the number of sessions on BNF and BNFc microsites consist of the aggregate of sessions in the recently launched sites and the previous sites.

8. As mentioned earlier in this report, the new BNF and BNFc microsites have suffered a strong decline in sessions in July and August. During the last month, August, BNF had received 51% fewer sessions than the previous year, and BNFc 31% fewer. Loss of traffic from common search engines is believed to be the case and actions are being taken to reverse the trend.

9. Sessions on the BNF and BNFc apps remain in decline -the BNF app has received 50% fewer sessions than last year whereas BNFc app 46% fewer. This decline is expected and coincides with the launch of the open access BNF apps produced by the BNF publisher. NICE welcomes the transition of users to the new apps. The target is to transfer most users to the new open access apps over the next three months.

Figure 3: Performance of services providing access to BNF content as of August 2017

Risks

10. There are 4 Amber risks currently reported by the Evidence Resources directorate to the Senior Management Team. No change was made in the period to the status of these risks.

National Institute for Health and Care Excellence

Health and Social Care Directorate progress report

1. This report sets out the performance of the Health and Social Care Directorate against our business plan objectives for the period July - August 2017. It also highlights notable developments that have occurred during the reporting period.

Performance

2. The directorate successfully delivered a number of key products during July - August 2017 including: 1 evidence summary on the use of medicines; 5 medicines evidence commentaries; 9 weekly medicines awareness service bulletins; 2 quality standards; and 1 quick guide for social care. Details of these publications are given in Appendix 1. The annual indicator menu was also published during this period, as well as the quarterly Innovation Scorecard report.

3. The Sustainable Development Unit, funded by NHS England and Public Health England, has commissioned NICE to develop an approach for assessing the environmental impact of NICE recommendations in 4 published NICE guidance products. A survey has been developed to identify likely audiences and seek their views on the importance of assessing environmental impact. This will be accompanied by an example report and calculator developed to evaluate the environmental impact of implementing the medicines optimisation guideline (NG5).

4. Plans continue to develop for the Guidelines International Network (GIN) conference in September 2018. The conference is being jointly hosted by NICE and SIGN, the Scottish Intercollegiate Guidelines Network, and will be held at the Principal Hotel in Manchester. Marketing of the conference will begin at the end of September, with an initial focus on sponsorship opportunities.

Table 1 Performance update for July - August 2017

Objective	Actions	Update
Publish guidance, standards and indicators, and provide evidence services against the targets set out in the Business Plan	Deliver standards, indicators and other products in accordance with the schedule set out in the Business Plan	See Figure 1 and Appendix 1 for details of key outputs. Products delivered as planned with the exception of the following: • Nine quality standards have been published. Four quality standards planned for August have been delayed and are expected to publish in September. Thirteen new indicators were published in August. The indicators, developed following a request from NHS England, included 3 new general practice indicators to help support the NHS Diabetes Prevention Programme. More than 25 GP practices were involved in piloting the indicators.
Enhance methods for developing and maintaining guidelines	Implement any changes agreed following the consultation on the NICE approach to patient and public engagement	Further to the Board meeting in July, a supplementary report has been prepared with more detail on the development of the Expert Panel. In addition to standard recruitment detailed in Figure 2, 16 patient experts were identified (34 in total) for medical technologies and technology appraisals, and 1 topic expert member for a Quality Standards Advisory Committee.
Deliver a programme of strategic and local engagement	Work with local health and care systems to promote the use of NICE guidance and quality standards	Sustainability and Transformation Partnerships (STP): A review of all STP plans is complete and thematic reviews of emerging topics are being conducted on a regional level. Discussions are taking place at regional ALB level or with STP leaders about their plans for implementation against the Five Year Forward View priorities. This includes considering where NICE guidance and quality standards can help inform these, and the development of accountable care systems/organisations.

Objective	Actions	Update
		Support for CQC inspectors covering health and social care: A programme of work is progressing with the CQC on how NICE guidance and quality standards can be used to inform the training, development and work of CQC social care inspectors. The first step in designing a joint CQC/NICE education package has been completed, which maps relevant guidelines and quality standards to CQC 'areas of interest'.
		Public Health England: Collaborative projects are now underway within the 4 regions. • North: A package of support, which brings together a number of system partners, is being developed for 2-3 STPs on cardiovascular disease (CVD) prevention. Behaviour change has been identified as a priority. • Midlands and East: Projects include the East Midlands 'Prevention Call to Action' and one focussing on improving the identification and management of people with atrial fibrillation. • London: Priorities relating to CVD prevention and collaboration with the British Heart Foundation are being considered. • South: Behaviour change has been identified as a priority and a workshop has been provided for STP stakeholders.
Deliver a programme of strategic and local engagement	Support the use of NICE guidance and standards through the work of other national organisations in health, public health and social care	NHS Improvement: A draft partnership agreement was shared with NHS Improvement in July for approval. The proposed priorities for collaboration are: model hospital transformation; interventional procedures implementation support; and productivity. The focus is on alignment of the Getting it Right First Time (GIRFT) programme, hospital pharmacy and medicines optimisation

Objective	Actions	Update
		programme (HoPMOp), and patient safety agenda with NICE guidance and advice.
		NHS England: Following a meeting in August, NICE and NHS England will refresh the existing arrangements for working together to ensure the totality of activity is clearly reflected in one document. Work is underway with the NHS Right Care team to develop a set of criteria for use during the development of Right Care's Commissioning for Value resources to ensure they reflect the breadth of NICE products.
		NHS Digital Work is underway to document the interfaces between NICE and NHS Digital, including those with NHS Choices, to streamline and coordinate activities better and maximise use of NICE guidance in the development of NHS Choices content.
Evaluate the impact and uptake of Health and Social Care products and services and ensure that guidance and standards meet the needs of our audiences	Produce a twice yearly uptake and impact report	Guidance and Current Practice reports will replace Uptake and Impact reports going forward. These will be topic based and submitted to the Board. Topics for future reports are being identified. A report on chronic kidney disease will be produced in November 2017.
	Consult with the research community through the Implementation Strategy Group	The Implementation Strategy Group is actively considering the research priorities for implementation. This will include identifying and engaging with key individuals and organisations with an interest in implementation science and research to stimulate submission of implementation related abstracts for the 2018 GIN conference.
Promote NICE's work and help users make the most of our	Deliver 50 shared learning examples	Fourteen shared learning examples have been published since April which is in line with planned performance.

Objective	Actions	Update
products by providing practical tools and support, using innovative and targeted marketing techniques. Contribute to demonstration of impact though regular evaluation	Deliver 30 endorsement products	Eleven endorsement statements have been published since April, which is in line with planned performance.
	Redesign the current resource used by practitioners to help make savings, improve productivity and promote optimal use of interventions	The resource on the website has been redesigned to only include cost saving guidance and the resource planner. A draft policy proposition, based on the cost-saving NICE guidance on chest pain, has been developed to explore its suitability to support NHS England commissioning policy on interventions of limited clinical or cost effectiveness.
	Support shared decision making within NICE through delivery of commitments in the action plan of the Shared Decision Making Collaborative	A revised action plan is being drafted. NHS England will be hosting a follow-up meeting in the autumn exploring Shared Decision Making in practice for people with musculoskeletal conditions, focusing on the Nottingham Accountable Care System.
	Develop the resource impact team to enable it to deliver the budget impact assessments as part of the TA and HST programmes	A total of 23 company submissions have been received by NICE since April. A budget impact test has been completed for all.
Promote collaboration on digital initiatives and content strategy across ALBs and with academic establishments and other external stakeholders	Support NHS England to deliver the digital IAPT pilot programme (Improving Access to Psychological Therapies)	Two of 10 technologies notified were selected by the IAPT expert panel in July for IAPT assessment briefing (IAB) development to publish in October. Six further notifications were received in July and August from which 2 will be prioritised by the panel for publication in January.

Figure 1 Performance against plan for Health and Social Care Directorate key publication outputs for period April to August 2017

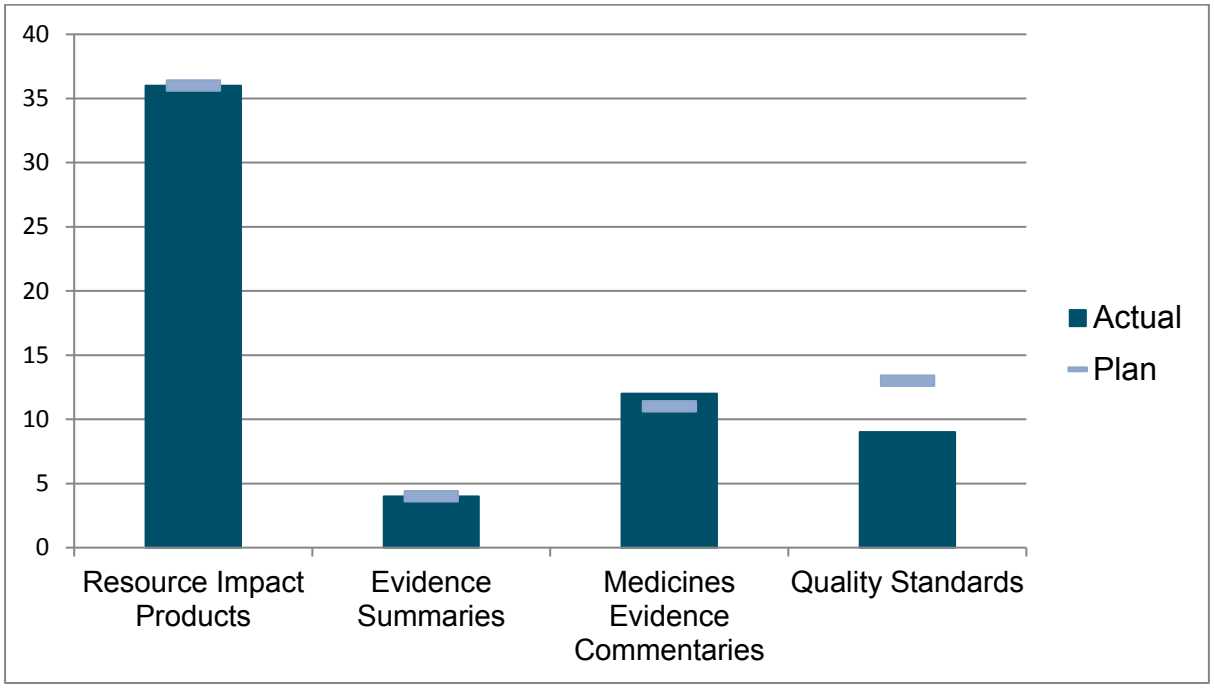
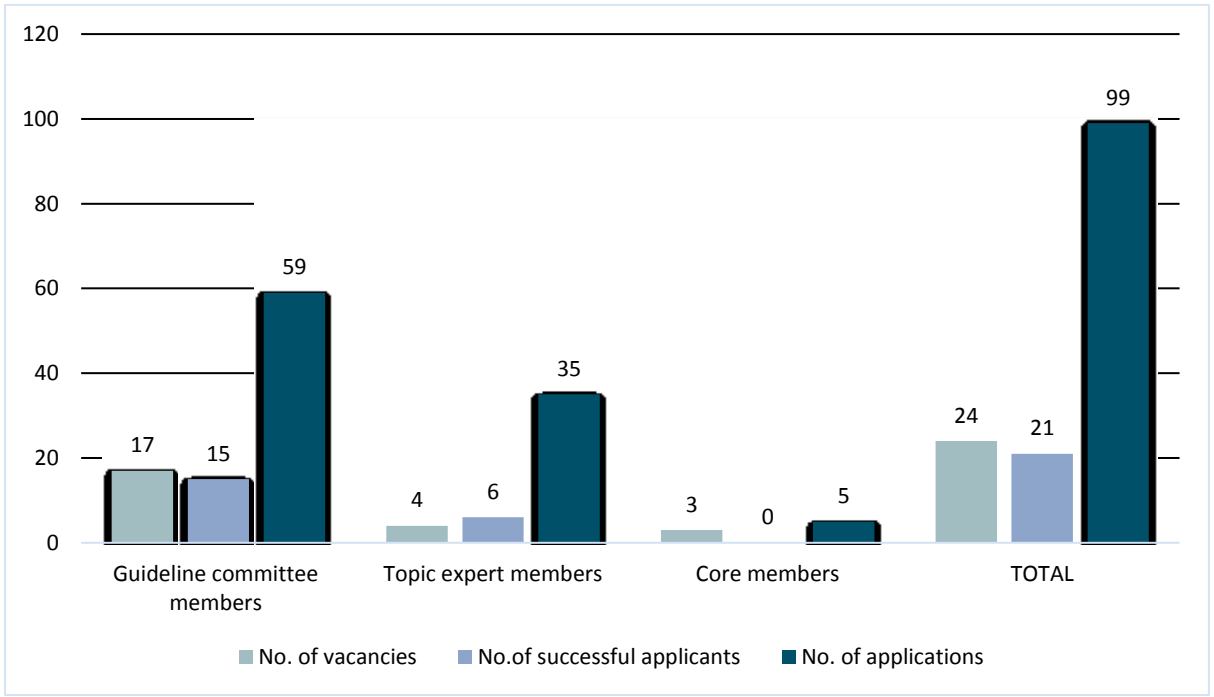


Figure 2 Patient & public committee member recruitment for the period April to August 2017



5. Overall, the ratio of applications to vacancies was 4.0:1; the target being 2:1 or greater.

Notable Developments

6. This section includes significant developments or issues that occurred during July and August 2017.

Brexit

7. NICE was a member of the Arm's Length Body (ALB) planning meeting for Brexit in July and continues to participate in the regular cross ALB Brexit catch up discussions. NICE has set out its position on negotiations on the UK's withdrawal from the European Union. The statement places a particular focus during the negotiation on securing relationships and arrangements with the European Union in the areas of research, regulation, and technology assessment.

Strategic Engagement

8. The director's progress report in November will have a specific focus on progress against strategic engagement metrics at a national, regional and local level.

Health

9. NICE continues to engage in the implementation of the CQC's 2016-21 strategy. A response was submitted to the second public consultation in August which focussed on changes to the regulation of primary medical services and adult social care.

Social care

10. NICE took part in the launch of Quality Matters, the shared commitment to high-quality, person-centred adult social care, on 12 July. NICE is taking part in a subsequent ministerial roundtable event in September with the new Minister for care, to discuss joint commitments to improving quality in social care.

11. NICE is developing a resource for adult social care commissioners, which maps NICE quality standards against the CQC's key lines of enquiry. A range of social care organisations are involved in the development of the resource which will include case studies of how NICE guidance has been used locally. The resource will be launched at the National Children's and Adults' Services Conference in October.

Evidence Based Treatment Pathways for Mental Health

12. The Evidence Based Treatment Pathway (EBTP) for Mental Health which covers dementia was published in August. This is one of six pathways delivered to NHS England at the end of 2016-17. The pathways are developed by the Royal College of Psychiatrists and commissioned by NICE on behalf of NHS England. The pathways support the commissioning, access and waiting time ambitions set

out in the Five Year Forward View for Mental Health and include links to relevant NICE guidance and commissioning advice. The remaining 5 pathways are due to publish in September 2017.

CCG Improvement and Assessment Framework

13. In July 2017 NHS England published the 'indicative baseline STP progress assessment' which gives STPs an overall performance rating of 'outstanding', 'advanced', 'making progress' or 'needs most improvement'. The methodology used in the STP assessment is similar to that used in the CCG Improvement and Assessment Framework (CCG IAF). The assessment is based on 17 indicators, 2 of which were initially developed by NICE relating to IAPT and the diagnosis of cancer. A further indicator is based on NICE guidance relating to psychosis.

National Clinical and Pharmacy Fellows schemes

14. During 2017-18, 2 fellows on placement at NICE have undertaken a range of work including:

    - Mapping NICE current and future outputs against the strategic priorities of Public Health England (PHE) to inform future work programmes of NICE and PHE in line with agreed principles in the partnership agreement. This mapping included NICE work programmes, published products, products in development and tools to support implementation.
    - The dose standardisation scheme in NHS England Specialised Commissioning, which aims to improve patient experience and reduce the cost of delivering chemotherapy through improving the efficiency of pharmacy services and reducing drug waste. NICE has developed a draft position statement supporting the initiative and is developing a related key therapeutic topic. NICE has informed the medicines and prescribing associates network to facilitate implementation.

Risks

15. No risks have been identified since the last report to the Board.

Appendix 1 Guidance published since April 2017

The table below provides a list of guidance and advice produced between April and August 2017. For the Health and Social Care Directorate this includes adoption support products, evidence based treatment pathways (EBTP), evidence summaries, IAPT assessment briefings (IAB), medicines evidence commentaries (MEC), quality standards and quick guides for social care.

Guidance title	Publication date	Notes
SecurAcath for securing percutaneous catheters	June 2017	Adoption support product
Early breast cancer (preventing recurrence and improving survival): adjuvant bisphosphonates	July 2017	Evidence Summary
Preventing recurrence of Clostridium difficile infection: bezlotoxumab	June 2017	Evidence Summary
Obese, overweight with risk factors: liraglutide (Saxenda)	June 2017	Evidence Summary
Non-cystic fibrosis bronchiectasis: inhaled tobramycin	April 2017	Evidence Summary
Patient preferences for cardiovascular preventive medication: a systematic review	August 2017	Medicines Evidence Commentary (MEC)
Hyperlipidaemia: clinical outcome data for evolocumab	August 2017	Medicines Evidence Commentary (MEC)
Statin adverse effects: study suggests people are more likely to experience muscle aches and pains if they are expecting them	July 2017	Medicines Evidence Commentary (MEC)
Pain management: Initial opioid prescriptions and likelihood of long-term opioid use	July 2017	Medicines Evidence Commentary (MEC)
New MHRA drug safety advice: March to May 2017	July 2017	Medicines Evidence Commentary (MEC)
Medicines adherence: medicines problems associated with use of multicompartment compliance aids in a UK community setting	June 2017	Medicines Evidence Commentary (MEC)
Depression treatment and mortality after myocardial infarction	June 2017	Medicines Evidence Commentary (MEC)
Statin therapy: could liver function monitoring be reduced	May 2017	Medicines Evidence Commentary (MEC)

Guidance title	Publication date	Notes
Stopping or reducing antipsychotics in people with learning disabilities who have challenging behaviour	May 2017	Medicines Evidence Commentary (MEC)
Bioequivalence between biosimilar and reference tumour necrosis factor–alpha inhibitors	April 2017	Medicines Evidence Commentary (MEC)
Biosimilar infliximab: a successful managed switch programme in people with inflammatory bowel disease	April 2017	Medicines Evidence Commentary (MEC)
Primary prevention of stroke and transient ischaemic attack: UK observational study suggests under-prescribing of prevention medicines	April 2017	Medicines Evidence Commentary (MEC)
Low back pain and sciatica in over 16s	July 2017	Quality standard
Chronic kidney disease in adults	July 2017	Quality standard
Oral health in care homes	June 2017	Quality standard
Haematological cancers	June 2017	Quality standard
Liver disease*	June 2017	Quality Standard
Multimorbidity	June 2017	Quality Standard
Violent and aggressive behaviours in people with mental health problems	June 2017	Quality Standard
Osteoporosis	April 2017	Quality standard
Delirium	July 2017	Social care quick guide
Building independence through planning for transition	June 2017	Social care quick guide

*NB: these quality standards combine 2 or more referred topics. Therefore the numbers in this list will not correlate with data in the graphs, which report on publication of referred topics.