National Institute for Health and Care Excellence

Report from the Executive Team

This is the Executive Team (ET) report to the Board. It updates the Board on the key priorities and areas of progress since the last Board meeting, structured according to the pillars of our strategy. It also includes any important risks. It sits alongside the integrated performance report, which provides data on the status of our key performance indicators and business plan deliverables.

The Board is asked to review the report.

Sam Roberts, Chief Executive

Paul Chrisp, Director, Centre for Guidelines

Jane Gizbert, Director, Communications

Jennifer Howells, Director, Finance, Strategy and Transformation

Felix Greaves, Director, Science, Evidence and Analytics

Judith Richardson, Acting Director, Health and Social Care

Alexia Tonnel, Director, Digital, Information and Technology

Nicole Gee, Interim Chief People Officer

Helen Knight, Interim Director, Centre for Health Technology Evaluation

Jeanette Kusel, Interim Director, Centre for Health Technology Evaluation

March 2022

Introduction from the Chief Executive

1. This Executive Report provides updates on prominent guidance and guidelines and sets out progress against pillars of the strategy. It is now nearly a year since the strategy has launched and we have already started to deliver real world impact to people and patients as a result of plans that we set out, for example through our updated methods manuals. It is a 5-year strategy, and there remains lots to do, but we can be proud of the progress so far.
2. The organisation as a whole continues to run smoothly. As per the integrated performance report, we remain on track to deliver almost all our target objectives on time and within our operating budget. This is itself an achievement given the organisational and operational pressures we have faced over the last year, as a result of ongoing COVID uncertainty.
3. Highlights include our COVID-19 rapid guidelines, which have been viewed over 4.2 million times, our joint replacement guideline which could save the NHS £3.7 million by 2025/26 because of reduced prosthesis costs and fewer revision surgeries and the positive recommendations in 95% of our completed technology appraisal guidance and 100% of our highly specialised technologies guidance - benefitting around 242,000 people. NICE exists to support people and patients to receive the best possible care and we have continued to do this during 2021/22.
4. We hope that 2022/23 will represent a return to the ‘new normal’ as we begin to move out of the pandemic. In line with new Government guidance, all of our offices are now fully open for staff to return and since the lifting of restrictions we are seeing increasing numbers of staff returning to both of our sites. We have resumed our new ways of working pilot, “heads up, heads down, heads together” which gives staff and managers the flexibility to work remotely as well as to hold in person team events as and when is required. We will feed back on the outcomes of this at the next board meeting.
5. While this is a report from the NICE executive team as whole, it is also my first as the new Chief Executive. I wanted to take this opportunity to thank my predecessor, Gillian Leng, for her support during the transition and to wish her all the best in her retirement.

First month at NICE – activity and impressions

1. I started at NICE on the 1 February and my approach to the first month has been to listen as much as possible. As someone coming new to the organisation, albeit having worked closely with NICE in the past, I wanted to hear what others had to say before beginning to make any major operational changes or decisions.
2. Internally I have already managed to meet a lot of staff. As well as joining formal meetings of all the different directorates, I have had many one-to-one chats with people at all levels of the organisation. There have also been three all-staff calls, providing staff with further opportunities to get to know me better.
3. Importantly we also launched an all-staff survey to give people the opportunity to tell me how they are feeling and what they would like to see change. The results have been very positive, with 89% of staff rating NICE as a good or very good place to work and employees citing the real sense of pride they have in NICE as an organisation. However, there are clear areas of challenge; capacity, the level of change and cultural issues were all highlighted and I will begin to look to address in the coming months.
4. Externally I have also been busy meeting people from across our whole range of stakeholders – clinical groups, patient groups, industry representatives and many of our key system partners. It has been useful to hear their perceptions of NICE, particularly what they value and also the ways in which we can continue to look to improve.
5. Overall, my initial impressions are that the role of NICE has never been more important. Our purpose remains the same as when we were founded, supporting people and patients to receive the best possible care, and our core strengths of independence, rigour and transparency remain as vital as ever. We must continue to protect and value these elements of our organisation going forward.
6. That is not to say that we don’t have anything to do. Health and care are experiencing innovation at a scale and pace that is unprecedented. NICE must continue to adapt and change to ensure we maximise our focus on what it is that only NICE can do and which provides the greatest benefit to people and patients. To become the organisation we want to be, we need to do 3 things: actively draw in the most cutting-edge improvements in care, rapidly, dynamically and robustly translate these into useful, useable advice, and purposefully influence the system to adopt the best possible care for people and patients. Developing our capability in these three areas must be our priority for next year.

Prominent guidance & guidelines

New treatment for advanced breast cancer

1. Around 400 people with advanced breast cancer are set to benefit from a new treatment after NICE published final draft guidance which recommends tucatinib as an option for treating HER2-positive breast cancer that has spread in people who have already tried 2 or more anti-HER2 treatments. Taken as two 150 mg tablets twice daily together with anti-cancer medicines trastuzumab and capecitabine, tucatinib works by blocking a specific area of the HER2 gene in cancer cells, which stops the cells from growing and spreading.
2. This new treatment has the potential to increase the length of time before the disease gets worse and how long people will live overall. Because tucatinib is able to cross an intact blood-brain barrier it offers people whose cancer has spread to their brain real hope of extending their lives and improving their quality of life.

Once-a-day capsule for people with some forms of ovarian, fallopian tube and peritoneal cancer

1. NICE has recommended niraparib for routine use on the NHS for people whose cancer has relapsed and have a specific mutation in their cancer known as a BRCA mutation and who have had two courses of platinum-based chemotherapy. Taken as a once-a-day capsule, niraparib is a type of anti-cancer medicine called a poly adenosine diphosphate-ribose polymerase (PARP) inhibitor. PARP inhibitors prevent the DNA of cancer cells being repaired, preventing them from growing and spreading.
2. Over 400 people with some forms of ovarian, peritoneal, or fallopian tube cancer will now have routine access to the treatment, providing hope that they can have a longer and improved quality of life. Niraparib is the 20th treatment that has completed the managed access process, following the introduction of the Cancer Drugs Fund in 2016, demonstrating the success of that programme in helping to gather vital evidence on the clinical and cost-effectiveness of those treatments.

New drug for people living with obesity

1. Thousands of people living with obesity are set to benefit from a new drug which has helped those using it to reduce their weight by more than 10 per cent. NICE has issued draft guidance recommending semaglutide to adults with at least one weight-related condition and a body mass index (BMI) of at least 35 kg/m2, and exceptionally, to people with a BMI of 30.0 kg/m2 to 34.9 kg/m2.
2. Patients inject themselves once a week with pens pre-filled with semaglutide. The drug suppresses appetite by mimicking the hormone glucagon-like peptide-1 (GLP-1), which is released after eating. It makes people using it feel full, thereby resulting in people eating less and reducing their overall calorie intake. Clinical trial evidence shows that people lose more weight with semaglutide alongside supervised weight loss coaching than with the support alone.

First gene therapy for rare genetic neurodegenerative disorder in children

1. Children with a rare, fatal, genetic disorder will be able to benefit from a new one-off treatment under new NICE guidance. Gene therapy atidarsagene autotemcel will be available for some children with the rare, life-limiting inherited neurodegenerative condition metachromatic leukodystrophy (MLD). Atidarsagene autotemcel is the first ever treatment for MLD and the draft guidance looks at its use in children with late infantile or early juvenile forms of MLD.
2. Atidarsagene autotemcel is given as a single-dose intravenous infusion. It is designed to correct the genetic cause of MLD by inserting functional copies of the faulty gene into the patient's own stem cells taken from their bone marrow or blood. Clinical evidence suggests that atidarsagene autotemcel improves motor and cognitive function in the short term and could correct the enzyme deficiency caused by the disease.
3. Costing around £2.8 million at its list price, this one-off treatment is the most expensive drug NICE has ever evaluated. Following public consultation on NICE’s earlier draft guidance which did not recommend atidarsagene autotemcel, the company has increased the confidential discount to the price of the drug.

First new guideline looking at self-harm for 11 years

1. The independent NICE committee has drawn up new recommendations for people working in settings from primary care to psychiatry. The new guideline sets out the responsibilities of non-mental health specialists when caring for people who self-harm. This includes health and social care professionals working in primary care, non-mental health emergency department professionals, those working in general hospital settings and in social care and, for the first time, people working in education and criminal justice settings.
2. These guidelines set out a way for every person who self-harms to be able to get the support and treatment they need. Only a minority of people who have self-harmed present to hospital services, but it remains one of the commonest reasons for hospital attendance. Some estimates suggest upwards of 200,000 presentations in England every year, the majority for self-poisoning.

Key updates aligned to the strategic pillars

Pillar 1 - rapid, robust, and responsive technology evaluation

Updated methods and processes published

1. NICE published its new combined methods and processes manual and topic selection manual for its health technology evaluation programmes on the 31 January. The changes outlined in the manuals came into effect from 1 February 2022 for new evaluations and will give patients earlier access to innovative new treatments by allowing greater flexibility over decisions about value for money and consideration of a broader evidence base.
2. There was significant interest across stakeholder groups, and generally the update was broadly well received. However there has been some concerns raised from industry groups regarding the scale of ambition. NICE believes that it has struck the right balance in considering the range of stakeholder responses across this issue but will of course continue to engage with stakeholders in the usual way to understand any concerns.

Multi-agency advisory service (MAAS) test version update

1. The multi-agency advisory service (MAAS) aims to create a single platform for support, information and advice covering regulation and health technology assessment pathways for artificial intelligence (AI) and other data-driven technologies. The team has been progressing significant external comms on the MAAS, to ensure key partners are engaged and supportive of the project. This includes bringing a paper on the MAAS to the Accelerated Access Collaborative (AAC) steering group, as well as a joint paper with the NHS Innovation Service to the AAC board.
2. The next step is to deliver a test version of the MAAS. A preferred supplier has been identified and content creation for the web platform has been proceeding with a pilot running through February, to establish the input required by all partners and subsequent input over the following months. This work will be the basis for the web platform, providing the necessary content pieces for the minimum viable product (MVP).
3. While initially planned to develop a test version by March 2022, the team have been awaiting the confirmation of continued funding from NHSx. A condensed business case has been submitted outlining the evidence for progressing the project, and funding requirements for meeting user needs and delivering on the core offer of the MAAS. Once funding is agreed, delivery will resume with a view to bringing a test version live by Summer 2022.

Innovative Medicines Fund public engagement

1. The Innovative Medicines Fund (IMF) will build upon the success of the reformed Cancer Drugs Fund (CDF), by supporting patients with any condition, including those with rare and genetic diseases, to get early access to the most clinically promising treatments where further data is needed to support NICE in making final recommendations around their routine use in the NHS.
2. NICE has developed its processes and procedures and clarified its role in the new fund in the new Centre for Health Technology Evaluation (CHTE) unified methods and process manual on NICE’s website. As part of this process two public engagement webinars took place on 13 and 19 January 2022 and the 12-week public consultation period on the IMF proposals has now closed (11 February 2022).
3. NHS England and NICE are now carrying out a thematic analysis on all comments and feedback received from stakeholders during the consultation period. This will be presented to the board in due course.

Life Sciences Hub

1. The Life Sciences Hub, bringing together existing and new information to help industry better understand and engage early with our processes, continues to develop well. The landing page launched on 7 March. The page brings together life sciences content onto one page. User testing has been positive and has informed several changes to the structure and content. Three talking head videos are in development to highlight the benefits and value of engaging with NICE from a life sciences perspective.

Pillar 2 - dynamic, living guideline recommendations

A consolidated portfolio of integrated guideline topics

1. NICE’s approach to classifying the guideline portfolio and prioritising within topic suites was agreed by the Cross Agency Topic Prioritisation Group (CATPG).
2. High level mapping of suites has been completed for diabetes and is ongoing for mental health and obstetrics, which combined represent 25% of guideline recommendations.

Guideline authoring tool

1. NICE is continuing to progress its work to adopt a new guideline authoring tool to produce selected guidelines. This will continue to be used for COVID-19 guidelines.
2. Prototypes have been developed for type 2 diabetes content and these will be published on the NICE website by the end of March 2022 with the aim of delivering an interactive guidelines experience for NICE’s users. The prototypes have been tested with users in individual interviews. We have also tested the prototypes with 2 users who have digital accessibility issues to ensure we have considered their needs in our designs. Changes have been made to the prototypes following the user feedback.
3. We continue to demonstrate the work of the multidisciplinary team to the wider organisation, holding 2 weekly ‘show and tell’ meetings to allow other teams to learn from the approach and offer opportunities to ask questions. The prototypes when published will showcase to our wider external audiences how NICE content could be presented in future. Feedback on the prototypes from users will be recorded and analysed and this will help inform the next steps of content transformation.
4. While progress to date has been good, there are continued risks due to the complexity of the project. The Chief Digital Product Officer is now in post and the options, costs, decisions and recommendations on next steps now need to be considered with their expert input.

Pillar 3 - effective guidance uptake to maximise our impact

Progress on our implementation strategy

1. The board approved four priority principles for the implementation strategy in December 2021 – embedding implementation upstream, strengthening external collaboration and partnerships, developing implementation campaigns for system priorities, and increasing the use of data for uptake and impact - and asked us to consider how we will evaluate this work. In January we discussed the strategy with our external academic partners in the Implementation Strategy Group (ISG) and received positive feedback on our approach. Following discussions with the internal audience insight research team we have agreed to gather user feedback on our implementation strategy through the bi-annual implementation survey.
2. We are now applying these four aims to our core work. We are using our internal Implementation Strategy Oversight Group (ISOG) to oversee a review of current implementation activities and to ensure we apply the principles to prioritised activity in line with our agreed objectives.

Review our approach to addressing health inequalities

1. We have continued to make progress on our work to address health inequalities. Mapping of NICE products to support implementation of the Core20PLUS5 programme have been completed and shared with NHSE. Membership of the National Expert Reference Group advising on the development of a resource to support implementation of the programme has been secured. Our review of the Centre for Guidelines’ (CfG) approach to Equality and HI impact assessments (‘EIAs’) has been completed and identified improvements are being progressed for piloting. These include a revision of EIA forms and an update of Positively Equal (guidance support document) to support a more rigorous approach to EIAs and improved access to evidence to inform committee decision making.
2. The board session on NICE’s role in terms of health inequalities and priorities for 2022/23 will cover key findings from the work of external experts (Dr Ann Hoskins and Dr Lois Murray) and the deliberative public engagement project: NICE Listens. These have shaped our understanding of what NICE's unique contribution is on health inequalities and how NICE best adds value to the health and care system.
3. External partners strongly believe in the leadership role that NICE has to play in tackling health inequalities, particularly in shaping and building the evidence base. Members of the public view addressing health inequalities as a high priority issue for NICE and expect NICE to have objective and transparent processes to do this embedded across our work.

Pillar 4 - leadership in data, research, and science

Real World Evidence

1. NICE has developed version 1 of the framework for the use of Real World Evidence (RWE) in guidance development, a draft of which will be presented to the board for discussion.
2. Robust testing of the framework has been carried out, including 6 external stakeholder workshops as well as further internal feedback sessions. This has led to further revisions of the framework. The next steps will be a likely four-week consultation to be published in late Spring, with a view to publishing the final version of the framework in the Summer. We will also present abstract and panel sessions at HTAi and ISPOR 2022 Conferences to ensure further dissemination of our work.
3. We have also started to lay the groundwork for adoption internally, beginning to plan training around the framework with CHTE as well as co-leading a group with CfG around the data & analytic components of the methods manual update.

Societal Perspectives

1. Work has been ongoing to identify options and policy implications for incorporating wider societal perspectives in NICE evaluations. Following recruitment of further staff, this work has now been assigned to a Scientific Adviser with substantial expertise in this area. Building from the science policy paper completed in June, we are now in the process of finalising an options paper.
2. We have continued to seek a range of views, with a series of engagements of NICE staff to inform the development of the options appraisal paper in October 2021. We have also engaged with non-executive directors to ensure their feedback is reflected in the final version of the paper. Next steps will be confirmed once the final paper has been presented to the board.

Anti-microbial collaboration

1. NICE has been working to complete the evaluation stage of the collaborative project with NHS England to develop and test innovative models for the evaluation and purchase of antimicrobials. As part of this work, we established a special NICE committee to evaluate the two antimicrobials selected for the project. The committee meetings have been held and the resulting guidance is in development.
2. We are on track to produce formal draft guidance to be used in final NHSE&I and company commercial discussions by mid-April 2022. Once this work is complete there will be a follow-on project to design and implement “routine” arrangements for the evaluation and purchase of antimicrobials.

Progress of strategic enablers

Digital workplace programme and data management

1. The delivery of new services supported by the Microsoft 365 platform is progressing according to plan: the first, early adopter, service, ‘Project Spaces’ is now live and active projects are being migrated to use this new platform. Work on the second service, ‘My Space’ (personal storage and personal profiles) is about to start. The programme board is in the process of prioritising the services that will follow – the four candidates include the development of a new intranet, a ‘Team Space’ service (to support team file sharing, communication and collaboration within directorate teams), a ‘Committee Space’ to support management of committee activities and finally a service to facilitate cross organisation processes such as declarations of interest.
2. The migration of mailboxes to Exchange Online is complete with public folder migration ongoing until March. Work is on-going to update our device access policy for staff and to agree a new guest access policy to support external engagement and collaboration.
3. Looking at our data management agenda, an accelerated approach to the rollout of Click-Up (for the management of Timelines data) has been agreed and contracts signed. We are also preparing a business case for delivering a step change in the management of ‘contacts’ data across NICE, including provision of Customer Relationship Management and Master Data Management tooling. Multiple technical and sequencing options are being considered to accommodate funding and capacity limitations going forward.
4. Across this programme of work, resources and business capacity challenges will continue into next year placing additional pressure on the non-pay budget and the pace of change that is sustainable. Uncertainty over funding available for the programme in the next financial year remains and this will impact the scope of services that are prioritised for delivery.
5. In early March, we took the critical decision to focus the capacity of the DIT Infrastructure team on supporting the transfer of the collaborating centres into NICE. This means the contribution of this team to the Digital Workplace programme will be paused for at least 4 weeks. Whilst we are working with our implementation partner to minimise disruption, this will introduce additional delay to the overall programme.

Communications strategy

1. In support of the delivery of our broader strategic priorities, NICE has developed a new communications strategy to protect and promote NICE’s reputation and improve our impact and perception of our value. We want to change the look and feel of our communications to demonstrate our benefit to patients and demonstrate our user focussed, collaborative approach. The strategy has been informed by a range of audience insights from workshops and surveys as well as input from the non-executive team.
2. At its core, the strategy seeks to move NICE’s communications approach away from being tactically focused and responsive, to a more strategically focused approach which will promote NICE’s crucial role in the health and care system and as a world leader in evidence-based guidance methodology. This work will be underpinned through a proposed brand shift for NICE to help with our overall positioning with stakeholders.
3. Going forward we will continue to refine the strategy and messaging, in conjunction with our new CEO. We will look to conduct a brand pilot, to help further develop our understanding of and engagement with our core audiences, and we will deliver the recommendations of our communication channels review to ensure we produce the right information, tailor it for the right audiences and deliver it at the right time.

Culture development & skills mapping

1. The culture project diagnostic has now concluded and the next steps are for ET to work with Innermost Consulting to develop the culture blueprint while ensuring alignment with all existing initiatives. It is envisaged this work will take place in April and will be followed by a phase of planning to develop a roadmap and action plan to launch in April/May.
2. The change will be led by the ET, supported by a bottom-up, middle out strategy to engage everyone in the organisation and to align and drive local action.
3. The skills mapping has been shared across the business and the next steps is to agree the critical gaps and areas for prioritisation. This will include a Leadership Development programme, which will be aligned to the target culture implementation plan. This programme is currently out to tender.

Equality, diversity and inclusion

1. A core focus of our culture work has been to implement a new workforce Equality, Diversity and Inclusion strategy, focused on recruitment, development, and data in respect of staff.
2. Although there is a long way to go, we have begun to make progress. We launched 3 new staff networks last year; NICE and Proud to address LGBTQ+ issues, the Race Equality Network (REN) for tackling issues faced by staff from Black, Asian and minority ethnic backgrounds and our Disability Advocacy and Wellbeing Network (DAWN), for staff with seen and unseen disabilities. All 3 groups are staff led, with a sponsoring member from ET. Recent activity has included the Chair of the REN network talking to staff about Race Equality Week on a all-staff call and the other networks will present at future meetings.
3. We also launched the NICE Inclusive Recruitment Scheme in February to support our immediate goal of ensuring that there is Black, Asian and minority ethnic representation on every interview panel for all Band 8 and above roles. The scheme aims to create a pool of Interview Panel Volunteers drawn from across NICE who identify as black, Asian or minority ethnic and are available to support interviews for bands 8A and above. Alongside this, interview guidance for managers - developed in conjunction with Omni - together with a supporting e-learning module, was finalised in mid-February, promoted throughout March, and made mandatory from April.
4. Our strategic ambitions include reviewing and improving equality considerations throughout development of our guidance.  This includes strengthening the development of EDI considerations in both guidance development and the diversity of our independent advisory committee membership.
5. Work is ongoing to develop our EDI action plan, with respect to our committee membership. 3 committee listening events have taken place with a further one scheduled for March. Two surveys have also been undertaken, one for existing committee members and the second for prospective committee members. A cross Institute working group has been established, who will develop the outputs of this work into an action plan, co-produced with 6 committee members.
6. A qualitative review of equality impact assessment completion in guideline development has been undertaken and is now being extended to CHTE. Recommendations to improve assessments have been presented to the NICE Equality & Diversity Group and are being taken forward via the Health Inequalities working group.

Key risks

The key risks facing the organisation remain similar to the last update from January:

1. Organisational capacity continues to be the key risk for NICE, including senior leadership capacity to help deliver the NICE strategy, and gaps in hard to fill specialist roles in a competitive global market. To help address this, alongside interim and permanent recruitment, operational planning for the next year is taking careful account of the expected technical capacity and considering contingency plans for operational delivery. Recruitment of key senior roles is progressing, and there has been a successful handover between the outgoing and the incoming Chief Executive, which was a key risk previously identified.
2. The transfer of staff into NICE from the two Collaborating Centres is a significant undertaking. While the integration of staff will enable opportunities for greater effectiveness and efficiency in ways of working, the transfer and onboarding process requires significant administrative, technical, and managerial capacity. Letters have gone to NGA and NGC committee members and consultation meetings with NGA and NGC staff took place in February. We are planning the timing of induction meetings, data transfer, and laptop roll out to fit with guideline development schedules. ​
3. It has been confirmed that NICE will not directly receive funding from the Comprehensive Spending Review, however it is still hopeful that it will receive funding from the £95m allocated to the Office for Life Sciences for some of its research activities.  We are working closely with our partners in central government to determine a realistic funding envelope and considering contingency plans for achievable operational delivery of our priority objectives.

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