Annual Equality Report 2018/19

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 information services for commissioners, practitioners and managers across the spectrum of health and social care.

1. 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 inequalities in access to healthcare and opportunities to improve health for certain disadvantaged groups.
2. 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:
* A **summary** of key data relating to the 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](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/agenda-and-papers-july-19.pdf).

1. The report covers guidance produced and appointments to the committees in the period 1 April 2018 to 31 March 2019, and the workforce profile at 31 March 2019. The survey of committee members was undertaken in April and May 2019, covering those who were a member of a committee at 31 March 2019.

Summary

NICE’s equality objectives

1. Actions to deliver the 2016 to 2020 equality objectives continued, coordinated by NICE’s cross-Institute equality and diversity group.
2. The first objective is to increase the proportion of committee member applications from people who identify themselves as being from black, Asian and minority ethnic groups. Despite a range of activities to deliver this objective, the proportion of committee member applications from people who identify themselves as from black, Asian and minority ethnic groups decreased in 2018/19, following year on year increases in the previous two years. However, as noted below, when looking at the overall committee membership, the proportion of members who identify themselves as from black, Asian and minority ethnic groups did continue to increase year on year.
3. In line with the second equality objective, the proportion of staff in band 7 and above from black, Asian and minority ethnic groups increased from last year.

Composition of and appointments to NICE committees

1. The survey of committee members reported that:
* 48% of respondents were women, 50% were men and 2% indicated that it was their choice not to answer the question or gave no response (in last year’s survey 49% of respondents were women, 50% were men, and 1% indicated that it was their choice not to answer the question or gave no response).
* 10% of respondents identified themselves as disabled and 72% did not. The comparative figures in 2018 were 9% and 73%. The proportion of committee members who stated they were not disabled was lower than the proportion of the general population who do not have an activity limiting health problem or disability.[[1]](#footnote-1) This indicates the ongoing success in ensuring our committees are open to people with a disability.
* 83% of respondents identified themselves of white ethnicity, and 14% of non-white ethnicity. The proportion of respondents of non-white ethnicity has increased each year over the last four annual surveys. The proportion of respondents of black ethnicity is lower than the general population[[2]](#footnote-2) for both lay and non-lay roles. While the proportion of non-lay members of Asian ethnicity is higher than the general population, people of Asian ethnicity are underrepresented in lay roles compared with the general population.
* Just under half (48%) of the respondents in the 2019 survey were between 51 and 65 years old, with 84% between 36 and 65 years old. Overall, the age profile is broadly similar to the 2018 survey.
* 4% identified their sexual orientation as lesbian, gay, bisexual or other, which is slightly lower than the UK general population (5%).[[3]](#footnote-3)

The largest proportion of respondents were those who identified themselves of Christian belief (45%) and no religion (38%). Compared with the general population[[4]](#footnote-4) NICE’s committees are over-representative of those without a religion, and under-representative of those of Christian and Muslim religion.

1. The profile of committee members in terms of the protected characteristics varies between lay and non-lay roles. Lay roles have higher proportions of members who are women; are younger than 35 years old and older than 65 years old; who identify themselves as disabled; of white ethnicity; are not heterosexual; and have no religion. Some of this variation may partly be due to the different skills and experience sought for lay and non-lay roles.
2. The profile of committee members in terms of the protected characteristics continues to vary between the advisory bodies. For example:
* The proportion of respondents who were women ranged from 56% across the guideline committees to 17% on the Interventional Procedures Advisory Committee.
* The proportion of respondents who identified themselves as being of non-white ethnicity ranged from 44% on the Medical Technologies Advisory Committee to 6% on the Interventional Procedures Advisory Committee.

The proportion of respondents who identified themselves as having no religion ranged from 58% on the Technology Appraisal Committees to 8% on the Highly Specialised Technologies Evaluation Committee.

1. Monitoring information collected during the process to appoint members to the committees in 2018/19 indicates that:
* The differences noted above in the profile of existing lay and non-lay members continued in committee applications and appointments. For example, 40% of all lay applicants and 36% of lay appointees identified themselves as disabled, compared with 5% of non-lay applicants and 6% of non-lay appointees.

Across the roles overall, broadly similar proportions of people sharing the various protected characteristics were appointed to advisory bodies as applied for positions. The main exceptions are age and ethnicity for non-lay appointments.

Guidance production

1. Equality considerations continue to be taken into account in the development of NICE guidance. In 2018/19:
* There was an increase in the number of potential equality issues identified and also those which subsequently impacted on recommendations compared with 2017/18, in proportion to the number of guidance publications.

As in previous years, age, disability and race account for the greatest number of equality issues both in terms of initial identification and those which subsequently impacted on recommendations.

Workforce

1. Just over half (56%) of NICE staff are 40 years old or less, and over two thirds (70%) are women. 79% of staff identify themselves as of white ethnicity and 3.9% of the workforce identified themselves as disabled.

NICE’s equality objectives

1. 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 April 2016 to March 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 for setting the objective in 2016

1. 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.
2. 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.
3. 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 with the overall population, there was underrepresentation of people who describe themselves as from black, Asian and minority ethnic groups.
4. 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

1. Progress continues with the action plan to deliver this multi-year objective.
2. In 2018/19 the Public Involvement Programme (PIP) launched revised lay member recruitment documentation. These revised and simplified documents drew on the feedback at workshops and focus groups that discussed methods to encourage and increase applications for lay member roles from black, Asian and minority ethnic groups. The revised documentation seeks to be more accessible and appealing to people from a broader range of backgrounds and who may not have previously considered applying for a role with NICE or similar organisation.
3. These sit along the wider changes to the committee recruitment pages on the NICE [website](https://www.nice.org.uk/get-involved/our-committees) which have been comprehensively redesigned to provide information in a more accessible format and therefore encourage applications from those who have not previously been involved with NICE. The pages explicitly reference NICE’s commitment to increasing applications from black, Asian and minority ethnic groups, and are receiving positive feedback. They include a blog from a [committee member](https://www.nice.org.uk/news/blog/working-on-a-nice-committee-to-make-a-bame-difference) encouraging people from black, Asian and minority ethnic groups to apply for committee roles at NICE. We also plan to add a video interview from a committee chair who is from a black, Asian and minority ethnic group, who will talk about their experience working with NICE.
4. In 2019/20, the final year of the objective, PIP will consider the scope to offer mentoring support to lay members, with the aim of ensuring a positive experience for people who have not undertaken a similar role in the past and may be unsure about whether to apply for a vacancy. Guidance teams will also consider whether the guidance development processes place any barriers to involvement for people from black, Asian and minority ethnic groups. Some staff have undertaken unconscious bias training and we are exploring a wider roll-out.
5. The ethnicity of applicants to NICE’s advisory committees in the last four years is outlined below. Last year’s equality report noted the year on year increase in the proportion of applicants from black, Asian and minority ethnic groups. However, in 2018/19 this trend unfortunately reversed, with the proportion of applicants from black, Asian and ethnic minority ethnic groups falling.
6. The NICE equality and diversity group will review this data and consider any required amendments to the action plan for the objective. It is though positive to note that in the annual committee survey the proportion of committee members who describe themselves as from black, Asian and minority ethnic groups continued to increase year on year (see paragraphs 68-70 for more information).

Table 1: Ethnicity of applicants to NICE advisory committees

| Ethnicity | 2015/16 | 2016/17 | 2017/18 | 2018/19 |
| --- | --- | --- | --- | --- |
| Asian or Asian British | 8% | 9% | 10% | 8% |
| Black or Black British | 2% | 2% | 3% | 2% |
| Mixed | 2% | 3% | 2% | 2% |
| White British | 67% | 67% | 63% | 68% |
| Other white background | 9% | 8% | 9% | 8% |
| Any other ethnic group | 2% | 2% | 3% | 3% |
| Undisclosed | 4% | 4% | 7% | 5% |
| Data not held | 6% | 5% | 3% | 5% |

Equality objective 2

Rationale for setting the objective in 2016

1. 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.
2. Data indicated that the diversity of our workforce in our management roles did not fully reflect the diversity of the wider population. The majority of staff at NICE from black, Asian and minority ethnic groups occupied junior roles (agenda for change bands 4 and 5) and we did not have a clear strategy for recruiting and developing talent into more senior roles.
3. 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

1. The number of black, Asian and minority ethnic staff in senior roles (band 7 and above) increased from 64 staff at 31 March 2018 to 68 staff at 31 March 2019. This increased the proportion of staff in band 7 and above from black, Asian and minority ethnic groups from 15% in 2017/18 to 16.6% in 2018/19.
2. In 2018 we appointed a dedicated in-house Recruitment Manager who is working with line managers and the wider HR team to review job adverts to ensure they are attractive and appealing to candidates from a diverse range of backgrounds.
3. In addition to our recruitment channels of Total Jobs and LinkedIn (two of the UK’s leading jobs boards), in the last twelve months we have improved our use of social media to target active and passive candidates across multiple communities and channels, which helps us to attract a diverse range of candidates. We have also created recruitment videos and blogs featuring existing staff, which promote the diversity of NICE’s workforce and encourage a diverse range of candidates to apply for our roles.
4. NICE is committed to supporting staff regardless of their background. We are Stonewall Diversity Champions (which supports LGBT staff), and we have signed the Time to Change pledge (which aspires to end mental health discrimination). In 2018/19 we achieved the Disability Confident “Employer” standard. We continue to promote specialist development programmes such as the NHS Leadership Academy “[Stepping Up](https://www.leadershipacademy.nhs.uk/programmes/the-stepping-up-programme/)” and [“Ready Now”](https://www.leadershipacademy.nhs.uk/programmes/the-ready-now-programme/) programmes which seek to support aspiring and current leaders from black and minority ethnic groups.
5. 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.
6. We are actively engaging with staff members to get feedback on how to improve our recruitment practices for internal and external applicants from black, Asian and minority ethnic groups, or have other or additional protected characteristics. In response to feedback from this group, we organised a talk on career development from an Associate Director from a black, Asian and minority ethnic group background.
7. In 2018/19 we redesigned our recruitment and selection training with an increased focus on diversity, inclusion and understanding unconscious bias.
8. In 2019, NICE will be participating in the workforce race equality standard (WRES) data collection, and we will use this to continue to improve our activities in supporting our staff from black, Asian and minority ethnic groups.

NICE equality and diversity group (NEDG)

1. 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, Corporate Office and Field Team. It is chaired by a Programme Director from the Centre for Guidelines, who liaises with the executive sponsor for diversity – Alexia Tonnel, Director for Evidence Resources.
2. In addition to overseeing the delivery of our equality objectives and coordinating input to the annual equality report, the NEDG seeks to share good practice across NICE and provide a forum for discussing and proposing solutions to cross-institute equality issues. It complements the arrangements to support equality considerations within guidance producing programmes.
3. This year the group received a presentation from Stonewall on LGBT inclusive terminology and noted the work undertaken to use inclusive terminology in NICE’s internal HR policies. The group agreed that it would be helpful to clarify NICE’s position on the use of gender neutral language in guidance publications through an update to our style guide.
4. The group considered issues arising from the 2017/18 annual equality report. It discussed actions to increase the completion of equality monitoring forms by people applying for committee roles, and the equality impact assessment process across guidance programmes. The group also considered feedback from lay members on their experience on NICE committees.
5. As noted in paragraph 14, NICE’s current equality objectives were agreed in March 2016 and run to March 2020. In 2019/20 the group will therefore consider options for objectives for the next period and recommend these to the senior management team and Board for approval.

Composition of and appointments to NICE committees

1. 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.
2. We collect information on the background of people applying for positions on our committees and compare this to the background of people subsequently appointed. This enables us to monitor the impact of our recruitment processes.

Equalities monitoring of 2018/19 applications and appointments

1. Across the roles overall, broadly similar proportions of people sharing the various protected characteristics were appointed to advisory bodies as applied. The main exceptions are age and ethnicity for non-lay appointments. Further information, by protected characteristic, is outlined below.

Gender

1. There is a difference in the gender balance between lay and non-lay roles. The proportion of applicants and appointees who were women was higher for lay roles (57% and 59% respectively) than non-lay roles (43% and 43% respectively).

Disability

1. The proportion of applicants and appointees who identified themselves as disabled was higher for lay roles than non-lay roles. 40% of all lay applicants and 36% of lay appointees identified themselves as disabled (which is an increase from 2017/18 when the figures were 34% and 32% respectively). In 2018/19, the proportion of people who identified themselves as disabled was 5% for non-lay applicants and 6% for non-lay appointees (a 1% decrease from the previous year).
2. These conversion rates of applications to appointments give an indication of the non-discriminatory nature of the recruitment process and reflect the reasonable adjustments NICE will make to the recruitment process to take account of applicants’ specific circumstances.

Ethnicity

1. As shown in tables 2a and 2b, the proportion of applicants and appointees who identified themselves as being of white ethnicity was higher for lay roles than non-lay roles.
2. Last year’s equality report noted that while 14% of people who applied for a lay role in 2017/18 identified themselves as being of non-white ethnicity, the proportion of lay appointees who identified themselves as being of non-white ethnicity was only 6%. It is therefore positive that in 2018/19 the conversion rate of applications to appointments to lay roles for people who identified themselves as being of non-white ethnicity improved. People who identified themselves as being of non-white ethnicity accounted for 10% of lay applicants and 13% of lay appointees in 2018/19.
3. However, for non-lay roles, the conversion rate for people who identified themselves as being of non-white ethnicity is lower than it is for people of white ethnicity. People who identified themselves as being of non-white ethnicity accounted for 16% of applications for non-lay roles, but 12% of non-lay appointees. As outlined later in the report, this is also seen in staff recruitment where the conversion rate is lower for applicants of non-white ethnicity.

Table 2a: Ethnicity of advisory committee applicants and appointees (lay roles)

| Ethnicity | % of all applicants | % of all appointees |
| --- | --- | --- |
| White | 81% | 80% |
| Non-white | 10% | 13% |
| *Not disclosed/not held* | *9%* | *7%* |

Table 2b: Ethnicity of advisory committee applicants and appointees (non-lay roles)

| Ethnicity | % of all applicants | % of all appointees |
| --- | --- | --- |
| White | 75% | 76% |
| Non-white | 16% | 12% |
| *Not disclosed/not held* | *10%* | *13%* |

Age

1. The majority of applicants and appointees were between 36 and 65 years old:
* Lay applicants: 59%
* Lay appointees: 58%
* Non-lay applicants: 77%

Non-lay appointees: 78%.

1. As in 2017/18, the proportion of applicants and appointees between 18 and 35 years old and over 65 years old is higher for lay roles than for non-lay roles. The conversion rate of applications to appointments also varies for these age groups. While 52% of all non-lay applicants were appointed, only 26% of non-lay applicants between 18 and 35 were appointed. This profile and variation reflects that many non-lay positions require the appointee to hold a current senior role in the health and care system.

Sexual orientation

1. As in previous years, the majority of applicants and appointees for both lay and non-lay roles identified themselves as heterosexual:
* Lay applicants: 79%
* Lay appointees: 78%
* Non-lay applicants: 83%

Non-lay appointees: 83%.

Religion or belief

1. People identifying themselves as of Christian belief represented the largest group of applicants and appointees across lay and non-lay roles:
* Lay applicants: 35%
* Lay appointees: 41%
* Non-lay applicants: 41%

Non-lay appointees: 40%.

Data quality

1. It is not compulsory to provide equalities monitoring information when applying for a committee role. Prior to 2016 one of NICE’s 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.
2. Last year’s report noted the ongoing improvements in data quality with monitoring forms returned for 97% of applicants and 98% of all appointees in 2017/18, up from 94% and 93% respectively in 2015/16. However, in 2018/19 this trend reversed: monitoring forms were returned for 96% of non-lay applications and 96% of non-lay appointees, and 93% and 94% of lay applications and appointees. The NICE equality and diversity group will therefore consider any action that can be taken in response.
3. Last year’s report also noted that the proportion of respondents who returned a monitoring form, but did not disclose the information increased across all of the protected characteristics in 2017/18. Subsequently, the NICE equality and diversity group revisited the information provided to applicants that explains why NICE asks for this information and how it is used. Further information was added to the equality monitoring form to explain how the data is used – that it is aggregated anonymously to see which groups are underrepresented on our committees and consider how we could raise awareness of upcoming committee vacancies to address this. The narrative to the form also explains that the recruiting panel do not see the information about the applicant’s background.
4. While these changes were made to the form half-way through the year, it is positive to note that the disclosure rates increased in 2018/19. It will be important to keep a watch on this to identify whether this positive position continues.

The Picker survey of current committee members

1. 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 earlier in the report on applications and appointments over the last year.
2. This year the survey ran from 9 April to 7 May 2019. An email invitation was sent out to 917 committee members, with 566 responses received (a 62% response rate). This is lower than in previous years: 71% in 2018, 69% in 2017 and 78% in 2016.
3. 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 566 responses:
* 95 (14%) were from lay members
* 438 (77%) were from non-lay members

33 (6%) did not answer whether they were a lay or non-lay member.

1. The responses for each of the protected characteristics are outlined below, including comparisons with last year and variations between the different committees (when looking at the variation in the composition of the committees it is important to note the committee groupings vary in size). The total category in the charts includes all 566 respondents, including the 33 respondents who did not identify whether they were a lay or non-lay member.

Gender

Chart 1: Gender: advisory committee members

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. In the 2019 survey 48% of respondents were women and 50% were men. There is difference in the gender balance between lay and non-lay positions, with women accounting for 72% of lay respondents and 43% of non-lay respondents.
2. There is variation in the gender balance across the advisory bodies. As in previous years, the proportion of respondents who were women was lowest on the Interventional Procedures Advisory Committee (17%) and the Medical Technologies Advisory Committee (19%); followed by the Technology Appraisal Committees (25%). Collectively, the guideline committees had the highest proportion of respondents who were women (56%).

Disability

Chart 2: Disability: advisory committee members

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. In the 2019 survey, 10% of respondents identified themselves as disabled and 72% did not. The comparative figures in 2018 were 9% and 73%.
2. As in previous years, a higher proportion of lay members identified themselves as disabled (32%) than non-lay members (5%). The comparative figures in 2018 were 26% and 5%. As noted earlier in the report, this difference between lay and non-lay roles is also reflected in the committee recruitment in 2018/19.
3. In comparison, 82% of the England and Wales population in the 2011 census did not have an activity limiting health problem or disability.
4. The Highly Specialised Technologies Evaluation Committee, Indicator Advisory Committee, and Interventional Procedures Advisory Committee had no respondents who identified themselves as disabled. The proportion of respondents who identified themselves as disabled was highest on the Quality Standards Advisory Committees (16%) and the guideline committees (12%).

Ethnicity

Chart 3: Ethnicity: advisory committee members

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. In the 2019 survey, 83% of respondents identified themselves as being of white ethnicity, and 14% as being of non-white ethnicity. As shown in table 3, the proportion of respondents of non-white ethnicity has increased each year over the last four surveys.

Table 3: Ethnicity of advisory committee members in last four Picker surveys

| Ethnicity | 2016 | 2017 | 2018 | 2019 |
| --- | --- | --- | --- | --- |
| Asian or Asian British | 5.3% | 5.9% | 6.9% | 7.4% |
| Black or Black British | 1.4% | 1.3% | 1.0% | 0.7% |
| Mixed | 1.8% | 2.2% | 2.3% | 3.3% |
| Other | 2.1% | 2.4% | 3.4% | 2.9% |
| *Total: all non-white* | *10.6%* | *11.8%* | *13.6%* | *14.3%* |
| White  | 88.1% | 85.9% | 85.1% | 83% |
| Did not disclose or answer | 1.2% | 2.5% | 1.3% | 2.9% |

1. The proportion of respondents who identified themselves as being of non-white ethnicity was higher amongst non-lay members (16%) than lay members (8%). The proportion of respondents of Black ethnicity is lower than the general population (England and Wales, 2011 census) for both lay and non-lay roles. Based on the responses, people of Asian ethnicity are underrepresented in lay roles compared with the general population, but the proportion of non-lay members of Asian ethnicity is higher than the general population.
2. The proportion of respondents who identified themselves of non-white ethnicity was highest on the Medical Technologies Advisory Committee (44%), followed by the Quality Standards Advisory Committees (22%) and Technology Appraisal Committees (22%). It was lowest on the Interventional Procedures Advisory Committee (6%).

Age

Chart 4: Age distribution: advisory committee members

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. Just under half (48%) of the respondents in the 2019 survey were between 51 and 65 years old, and 84% between 36 and 65 years old. Overall, the age profile is broadly similar to that in the 2018 survey.
2. The proportion of respondents between 51 and 65 years old was similar for lay and non-lay roles. However the spread of responses across the other age bands varied between lay and non-lay roles.
3. The proportion of respondents between 18 and 35 years old was higher for lay members (13%) than non-lay members (3%), as was the proportion of respondents over 65 years old (25% of lay members and 6% of non-lay members).
4. Compared with the general population (England and Wales, Office for National Statistics mid-2017 estimates) committees are under-representative of people under 35 years old and over 65 years old.[[5]](#footnote-5) This is a likely consequence of seeking very experienced and currently practising health and social care professionals for non-lay roles. Lay roles, which do not require a current senior level role in the health and care services, have a higher proportion of respondents under 36 years old and over 65 years old.
5. The proportion of respondents between 51 and 65 years old was highest on the Medical Technologies Advisory Committee (69%) and Quality Standards Advisory Committee (65%). It was lowest on the Indicator Advisory Committee (18%) and Highly Specialised Technologies Evaluation Committee (33%).

Sexual orientation

Chart 5: Sexual orientation: advisory committee members

[[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx.)](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. In the 2019 survey 88% of respondents identified themselves as heterosexual, 4% lesbian, gay, bisexual or other, and 7% did not answer or provide this information. In the 2018 survey, 5% of respondents identified themselves as lesbian, gay, bisexual or other, with 88% identifying as heterosexual and 7% not providing this information.
2. As in 2018, the proportion of respondents who identified as lesbian, gay, bisexual or other was higher for lay members (11%) than non-lay members (4%). In 2018, the figures were 7% and 5% respectively.
3. Estimates from the 2017 Annual Population Survey published by the Office for National Statistics, showed that 93% of the UK population identified themselves as heterosexual; 5% as lesbian, gay, bisexual or other; and 4% did not know or answer.

Religion or belief

Chart 6: Religion or belief: advisory committee members

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. The largest proportion of respondents to the 2019 survey identified themselves of Christian belief (45%) followed by no religion (38%). This is a change from 2018 when the highest proportion of respondents identified themselves as having no religion, but consistent with the responses to the 2016 and 2017 survey when the highest proportion of respondents identified themselves of Christian belief. The proportion of lay respondents who stated they had no religion decreased from 52% in 2018 to 34% in 2019.
2. Compared with the general population (England and Wales, 2011 census) NICE’s committees are over-representative of people without a religion, and under-representative of people of Christian and Muslim religion.
3. The proportion of respondents who identified themselves as having no religion was highest on the Technology Appraisal Committees (58%) and lowest on the Highly Specialised Technologies Evaluation Committee (8%). These committees also had the lowest and highest proportion of respondents who identified themselves of Christian belief – 23% and 75% respectively.

Rurality

1. While not a protected characteristic, the Board is mindful of the inequalities arising from rurality, particularly in terms of access to services. It has therefore requested information is collated on the geographical spread of committee members, in particular the proportion drawn from urban and rural areas.
2. Table 4 outlines the spread of committee members’ home addresses between urban and rural areas in England. Where a home address was not held, a committee member’s work address was used.

Table 4: Distribution of advisory committee members (lay and non-lay) in England between rural and urban areas – March 2019

| Area | % of NICE committee members in 2018 | % of NICE committee members in 2019 | % of population in England |
| --- | --- | --- | --- |
| Urban(Connected built up areas identified by Ordnance Survey mapping that have resident populations above 10,000 people (2011 Census[) ONS definition](https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2011ruralurbanclassification)) | 86 | 83 | 82 |
| Rural(Areas that are not urban - consisting of settlements below 10,000 people or are open countryside. [ONS definition](https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2011ruralurbanclassification)) | 15 | 17 | 18 |

1. Compared with last year the proportion of NICE committee members drawn from urban areas and rural areas respectively is now closer to the split in the overall population in England.

Benchmarking performance

1. 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.
2. Tables 5a-d compare the composition of the NICE advisory bodies (using the results of the 2019 Picker survey) with the population of England, and statistics published by the Commissioner for Public Appointments (CPA) on regulated appointments made by Ministers between 1 April 2017 and 31 March 2018 (the latest available [data](https://publicappointmentscommissioner.independent.gov.uk/wp-content/uploads/2018/10/Annual-Report-17-18-2.pdf)).
3. The data indicates that:
* The proportion of women on NICE committees is higher than for the CPA appointments in 2017/18 in both the NHS and overall.
* The proportion of members of non-white ethnicity on NICE’s committees is higher than for the CPA appointments in the NHS in 2017/18, and more than twice that for all of the CPA appointments in 2017/18.
* 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.

The proportion of NICE committee members who identified themselves as lesbian, gay or bisexual was the same as the CPA appointments in 2017/18 both overall and in the NHS.

Table 5a: NICE compared with ‘benchmark’ organisations – gender

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Gender | NICE advisory bodies (%) | All public bodies (%)  | NHS bodies (%) | England population (%)2011 Census |
| Men | 50 | 45 | 56 | 49 |
| Women | 48 | 41 | 40 | 51 |
| Undisclosed / not known | 2 | 14 | 4 | 0 |

Table 5b: NICE compared with ‘benchmark’ organisations – ethnicity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Ethnicity | NICE advisory bodies (%) | All public bodies (%)  | NHS bodies (%) | England population (%)2011 Census |
| Black, Asian & minority ethnic group (includes mixed) | 14 | 6 | 10 | 14 |
| White | 83 | 70 | 85 | 85 |
| Undisclosed / not known | 3 | 24 | 5 | 0 |

Table 5c: NICE compared with ‘benchmark’ organisations – disability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Disability | NICE advisory bodies (%) | All public bodies (%)  | NHS bodies (%) | England population (%)2011 Census |
| Yes | 10 | 5 | 4 | 18 |
| No | 72 | 63 | 91 | 82 |
| Undisclosed / not known | 18 | 32 | 5 | 0 |

Table 5d: NICE compared with ‘benchmark’ organisations – sexual orientation

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Sexual orientation | NICE advisory bodies (%) | All public bodies (%)  | NHS bodies (%) | England population (%)2017 Annual Population Survey |
| Lesbian, gay, bisexual or other | 4 | 4 | 4 | 5 |
| Heterosexual | 88 | 58 | 86 | 93 |
| Undisclosed / not known | 7 | 38 | 10 | 4 |

Equality issues impacting on NICE guidance

1. 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.
2. 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.

1. ‘Other’ groups identified in guidance and quality standards development during the year include:
* victims of domestic abuse
* young people leaving care
* refugees and asylum seekers
* people who misuse drugs or alcohol
* people who are homeless
* people whose first language is not English or are unable to read

carers.

1. 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.
2. 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.
3. Table 6 outlines the number of potential equality issues identified across the NICE guidance programmes, and the number which subsequently impacted on recommendations. It also provides a breakdown of the potential equality issues that were identified by protected characteristic. It indicates for example, that during the production of the 3 pieces of diagnostics guidance published in 2018/19, 13 potential equality issues were identified, 3 of which related to age. Three of the 13 potential issues subsequently impacted on recommendations.

Table 6: Summary of equality analysis of published guidance

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Guidance type | Number of publications | Number of equality issues identified | Age | Disability | Gender reassignment | Pregnancy and maternity | Race | Religion or belief | Sex | Sexual orientation | Socio-economic | Other | Number of equality issues with an impact on recommendations |
| Diagnostics guidance  | **3** | **13** | 3 | 4 | 1 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | **3** |
| Highly specialised technologies evaluation | **1** | **1** | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| Interventional procedures guidance  | **36** | **119** | 30 | 31 | 1 | 3 | 19 | 4 | 23 | 0 | 8 | 0 | **0** |
| Medical technologies guidance  | **5** | **3** | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| Technology appraisals  | **57** | **42** | 6 | 8 | 0 | 2 | 7 | 2 | 1 | 0 | 1 | 15 | **12** |
| Clinical guidelines  | **14** | **74** | 12 | 19 | 1 | 3 | 10 | 3 | 3 | 1 | 3 | 19 | **62** |
| Clinical guideline updates | **4** | **23** | 3 | 4 | 0 | 0 | 3 | 1 | 2 | 1 | 4 | 5 | **11** |
| Public health guidelines  | **3** | **48** | 0 | 3 | 0 | 1 | 2 | 1 | 2 | 2 | 2 | 35 | **3** |
| Antimicrobial prescribing guidelines  | **8** | **24** | 8 | 8 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | **8** |
| Quality standards  | **17** | **73** | 21 | 14 | 2 | 2 | 7 | 4 | 3 | 2 | 3 | 15 | **55** |
| Indicator set  | **9** | **10** | 3 | 3 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | **0** |
| Total | **157** | **430** | **87** | **97** | **5** | **21** | **52** | **16** | **35** | **6** | **22** | **89** | **155** |

1. Table 7 summarises the potential equality issues identified and their impact on recommendations by protected and other characteristics, and compares this year with previous years.

Table 7: Impact on recommendations by protected and other characteristic

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protected characteristic** | **Number & % of equality issues found****2015/16** | **Number & % of equality issues found****2016/17** | **Number & % of equality issues found****2017/18** | **Number & % of equality issues found****2018/19** | **Number****& % of****issues****with****impact on recs****2015/16** | **Number****& % of****issues****with****impact on recs****2016/17** | **Number****& % of****issues****with****impact on recs****2017/18** | **Number****& % of****issues****with****impact on recs****2018/19** |
| **Age** | 87(19%) | 64 (18%) | 68 (14%) | 87 (20%) | 30 (15%) | 15 (13%) | 18 (10%) | 26 (17%) |
| **Disability** | 85(19%) | 56 (16%) | 90 (19%) | 97 (23%) | 41 (21%) | 37 (33%) | 33 (18%) | 39 (25%) |
| **Gender reassignment** | 10(2%) | 11 (3%) | 4 (1%) | 5 (1%) | 4 (2%) | 3 (3%) | 3 (2%) | 3 (2%) |
| **Pregnancy & maternity** | 18 (4%) | 7 (2%) | 16 (3%) | 21 (5%) | 2 (1%) | 2 (2%) | 7 (4%) | 9 (6%) |
| **Race** | 54 (12%) | 46 (13%) | 71 (15%) | 52 (12%) | 26 (13%) | 10 (9%) | 21 (11%) | 19 (12%) |
| **Religion or belief** | 21(5%) | 15 (4%) | 26 (5%) | 16 (4%) | 13 (7%) | 8 (7%) | 11 (6%) | 8 (5%) |
| **Sex** | 46 (10%) | 34 (10%) | 38 (8%) | 35 (8%) | 11 (6%) | 3 (3%) | 8 (4%) | 7 (5%) |
| **Sexual orientation** | 9(2%) | 9 (3%) | 13 (3%) | 6 (1%) | 4 (2%) | 3 (3%) | 5 (3%) | 4 (3%) |
| **Socio-economic** | 37 (8%) | 21 (6%) | 38 (8%) | 22 (5%) | 18 (9%) | 8 (7%) | 10 (5%) | 7 (5%) |
| **Other** | 80 (18%) | 85 (24%) | 110 (23%) | 89 (21%) | 45 (23%) | 24 (21%) | 67 (37%) | 33 (21%) |
| **Total number of issues** | **447** | **348** | **474** | **430** | **194** | **113** | **183** | **155** |
| **Total guidance produced** | **191** | **163** | **193** | **157** | **191** | **163** | **193** | **157** |

1. In 2018/19, 430 potential equality issues were identified during the development of 157 pieces of published guidance. The outcome of advisory bodies’ equality analysis was that consideration of 155 (36%) of the issues identified had an impact on recommendations, whereas consideration of 275 (64%) issues did not. Since 2016/17 there has been a year on year increase in both:
* the ratio of the number of potential equality issues identified to the total amount of guidance produced and

the ratio of the number of issues that impacted on recommendations to total amount of guidance produced.

1. In 2018/19 the percentage of the identified potential equality issues that subsequently impacted on recommendations (36%) was slightly lower than in 2017/18 (39%) but higher than in 2016/17 (32%).
2. 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.
3. There is variation in the number of potential equality issues identified between guidance programmes. The number of potential equality issues identified per guidance topic was highest for the guidelines programmes, and lowest for the medical technologies, technology appraisals, highly specialised technologies, and indicators programmes. The extent the identified issues impacted on recommendations also varies between programmes. 62 of the 74 identified potential equality issues (84%) impacted on recommendations in the clinical guidelines. 119 potential equality issues were identified in the interventional procedures programme, but none subsequently impacted on guidance recommendations; this was similar to 2017/18 when none of the 112 identified potential equality issues in the interventional procedures programme impacted on guidance recommendations.
4. As noted earlier in the report, the cross-Institute equality and diversity group have looked at this variation, and believe it largely reflects the different nature of the guidance programmes and the guidance topics. For example, the public health and social care guidelines have greater scope to address inequalities and promote the equality duty than programmes focused on evaluating a specific health technology. Some inconsistency in the process between teams was however noted and this will be explored further, following which further training may be offered. In particular, it has been identified that a NICE-wide definition of what constitutes a potential equality issue and the consistency in reporting of identified equality issues needs to be reviewed. This is likely to occur in the CHTE methods review which includes a task and finish group on equality considerations in guidance development and will include members of the NEDG to ensure it is applicable across NICE.

Examples of how equalities considerations have impacted recommendations in guidance published in 2018/19

Guideline NG101: Early and locally advanced breast cancer: diagnosis and cancer

1. The guideline committee noted that there are elevated rates of triple-negative breast cancer among some ethnic groups, for example Afro-Caribbean people, and they are therefore more likely to be affected by delays to optimal treatment if progesterone receptor status is not known.
2. The recommendations made by the committee will reduce this inequality as progesterone receptor testing will be performed upfront in all people allowing for earlier determination of triple-negative status.

NG106 – Chronic heart failure in adults: diagnosis and management

1. The committee noted that older people may face barriers to accessing cardiac rehabilitation as they may be frail and not able to travel distances to access these services. They also noted that older people are more likely to have co-morbidities and be on multiple medication for different conditions, but that limited mobility can prevent them from being reviewed by their GP or heart failure clinic until they become acutely unwell.
2. The guideline contains a recommendation on providing rehabilitation services within the home and community to facilitate access among older people. The guideline also recommends that primary care services recall patients every 6 months as a minimum to review their condition and update their care plan as necessary.

Quality standard 170: Spondyloarthritis

1. The committee highlighted a common misconception that the condition mainly affects men. The quality standard therefore notes that healthcare professionals should be aware that axial spondyloarthritis affects a similar number of women as men. Women are less likely to show sacroiliitis on X ray than men, but they should still be offered X ray for first-line imaging of suspected axial spondyloarthritis.

Quality standard 177: Pancreatic cancer

1. Quality statement 2 states: “Adults with unresectable pancreatic cancer are prescribed enteric-coated pancreatin.”
2. The committee highlighted that pancreatic enzyme supplements are made from pork products, which may be unacceptable to some people because of their religion or beliefs. The quality standards therefore advises that people with pancreatic cancer need to be made aware of the ingredients so they can make an informed decision.

Technology appraisal 574: Certolizumab pegol for treating moderate to severe plaque psoriasis

1. The committee highlighted in recommendations that healthcare professionals should take into account how skin colour can affect the Psoriasis Area and Severity Index (PASI) tool and make reasonable adjustments. Also when using the Dermatology Life Quality Index (DLQI), healthcare professionals should take into account any physical, psychological, sensory or learning disabilities, or communication difficulties, which could affect a person’s responses to the DLQI, and make any adjustments they consider appropriate.

Medical Technologies guidance 41: Senza spinal cord stimulation (SCS) system for delivering HF10 therapy to treat chronic neuropathic pain

1. The committee highlighted in recommendations that when assessing the severity of pain and the trial of stimulation, the multidisciplinary team should be aware of the need to ensure equality of access to treatment with SCS. Tests to assess pain and response to SCS should take into account a person's disabilities (such as physical or sensory disabilities), or linguistic or other communication difficulties, and may need to be adapted.

Diagnostics guidance 34: Tumour profiling tests to guide adjuvant chemotherapy decisions in early breast cancer

1. The committee noted that one of the three recommended tests was only indicated for use in postmenopausal people but that the two other recommended tests were indicated for use in both pre-and post menopausal people. The committee considered that the positive recommendations for all three tests allowed both pre- and post-menopausal access to testing.

Workforce

1. This section provides a summary of the workforce profile by equality category, as at 31 March 2019. Further information is available in the annual workforce report presented to the Board in July 2019.

Gender

Chart 7: Gender mix of staff by grade

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. Compared with the overall gender split of the workforce, men are over-represented in the most senior grades and some of the lower grades (bands 3 and 4). The overall gender split of the workforce has not changed significantly over time. NICE’s gender pay gap report is available on [our website](https://www.nice.org.uk/about/who-we-are/corporate-publications/gender-pay-gap-report). The current electronic staff record (ESR), which is nationally used software, does not currently provide an option for employees who prefer to self-describe.

Disability

1. Staff are encouraged to declare any disabilities, which may include learning disability or difficulty, long-standing illness, mental health conditions, physical impairment and sensory impairment. There were 26 staff declaring a disability which is 3.9% of the workforce.

Ethnicity

Chart 8: Ethnicity: NICE staff

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. The proportion of staff of white ethnicity increased slightly from 77% in 2017/18 to 79% in 2018/19 (the same as 2016/17). In the 2011 census, the figure for England and Wales overall was 86%.

Age

Chart 9: Age profile: NICE staff

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. Just over half (56%) of NICE’s workforce are 40 years old or less. This is similar to last year (55%).

Sexual orientation

Chart 10: Sexual orientation: NICE staff

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. The profile is little changed from 2017/18, with a combined non-disclosure and non-specified rate of 16%. 5% of staff have recorded their sexual orientation as lesbian, gay or bisexual. NICE continue to be Stonewall Diversity Champions, which is a framework designed to help employers to support lesbian, gay, bisexual and transgender employees to reach their full potential in the workplace.

## Religion and belief

Chart 11: Religion and belief: NICE staff

[Download the data set for this chart](https://www.nice.org.uk/Media/Default/Get-involved/Meetings-In-Public/Public-board-meetings/Data-sets/sep19-board-paper-data-sets.xlsx)

1. The largest proportion were staff who identified themselves as Christian (35%) followed by no religion (26%), which is similar to last year.

## Employment applicants and appointees

1. Data on employment applicants and appointees is gathered via the equality profile of individuals when they complete their application on the TRAC recruitment system. This data then automatically transfers to the Electronic Staff Record (ESR) system. There was a total of 6,643 applications for the 152 posts advertised in 2018/19.
2. Discrepancies between the profile of applicants and appointees include:
* Ethnicity: 53% of applicants identified themselves of white ethnicity, compared with 77% of appointees.
* Age: Those aged between 25 and 34 years old accounted for 40% of applicants and 46% of appointees. 12% of applicants were under 25 years old, compared with 7% of appointees.

Gender: 41% of applicants were men, compared with 24% of appointees.

1. Further information is contained in the annual workforce report to the July Board. As noted at that meeting, recruiting managers do not see the personal details of applicants at the short-listing stage.

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September 2019

1. England and Wales, 2011 census [↑](#footnote-ref-1)
2. England and Wales, 2011 census [↑](#footnote-ref-2)
3. 2017 Annual Population Survey published by the Office for National Statistics [↑](#footnote-ref-3)
4. England and Wales, 2011 census [↑](#footnote-ref-4)
5. 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 [↑](#footnote-ref-5)