**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting
held on 24 May 2022 at 2 Redman Place, Stratford and via Zoom

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.

## Board members present

Sharmila Nebhrajani Chairman

Dr Mark Chakravarty Non-Executive Director

Jackie Fielding Non-Executive Director

Professor Gary Ford Non-Executive Director

Dame Elaine Inglesby-Burke Non-Executive Director

Alina Lourie Non-Executive Director

Professor Bee Wee Non-Executive Director

Dr Justin Whatling Non-Executive Director

Dr Sam Roberts Chief Executive

Dr Paul Chrisp Centre for Guidelines Director

Alexia Tonnel Digital, Information and Technology Director

## Directors in **attendance**

Jane Gizbert Communications Director

Nicole Gee Interim Chief People Officer

Dr Felix Greaves Science, Evidence and Analytics Director

Helen Knight Acting Interim Director of Medicines

Jeanette Kusel Acting Interim Director of Medtech

Dr Judith Richardson Acting Health and Social Care Director

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Hilary Baker Programme Director, Transformation

Chris Connell Associate Director, Field Team

Boryana Stambolova Deputy Director, Finance, Strategy and Commercial

Jonathan Waghorne Chief of Staff

## Apologies for absence (item 1)

1. Apologies were received from Jennifer Howells.

## Declarations of interest (item 2)

1. Gary Ford declared that he is providing consultancy advice to CSL Behring on stroke trial design and Felix Greaves declared that he has a new teaching commitment with Harvard University on artificial intelligence. The register of directors’ interests would be updated accordingly.
2. These new interests and the directors’ previously declared interests recorded on the register of interests were noted, and it was confirmed there were no conflicts of interest relevant to the meeting.

## Minutes of the last meeting (item 3)

1. The minutes of the Board meeting held on 17 March 2022 were agreed as a correct record.

## Action log (item 4)

1. The Board noted the progress with the actions arising from the public Board meeting on 17 March 2022 and those open from preceding meetings. The action marked closed on the log was confirmed as complete.

## Report from the Executive Team (item 5)

1. Sam Roberts introduced the Executive Team report to the Board, which provided an update on NICE’s activities over the last year and an overview of the priorities for the year ahead. Sam updated the Board on the outcome of the extensive engagement with external stakeholders and staff, which led to the development of the priorities in the 2022/23 business plan that will be discussed later in the meeting. These priorities seek to begin to deliver the evolution outlined at the last Board meeting, so that NICE actively draws in the most cutting-edge improvements; rapidly and robustly translates these into useful, useable advice; and purposefully influences the system to adopt the best possible care. Sam highlighted the scale of the change and there may therefore be set-backs. However, teams should, and will, be supported to learn from when things do not always work first time as part of an innovative and learning culture.
2. Sam Roberts then highlighted some achievements in 2021/22 and praised her predecessor as Chief Executive, Gill Leng. Achievements of note included the publication of new methods and processes for health technology evaluation; the partnership working with the MHRA on the Innovative Licensing and Access Pathway (ILAP); and the progress in a range of areas such as the vision for dynamic living guidelines, health inequalities, and equality, diversity, and inclusion. Paul Chrisp and Felix Greaves then noted two successes since the last Board meeting: the transfer of staff from the National Guideline Alliance and National Guideline Centre; and the publication of the draft guidance on the value of two new antimicrobial drugs, cefiderocol and ceftazidime–avibactam.
3. The Board welcomed the innovative work on the antimicrobial drugs and noted this is a positive example of NICE finding new ways of providing guidance and advice to the health and care system. There was encouragement to look at how the learning from this new approach of estimating the full value of the antimicrobials and developing new reimbursement models could potentially be applied to other medicines, medtech and digital health technologies. It was agreed to provide a session for the Non-Executive Directors (NEDs) on the learning from the project, including what worked well and what did not.

Action: Felix Greaves

1. The Board noted the achievements over the last year and asked about the lessons learnt from where anything did not go to plan. In response, Sam Roberts stated that the year had highlighted the importance of prioritisation and focusing on a small number of projects. Other learning included the need to reconsider the previous approach to implementing a guideline authoring tool, and instead break this down into a broader multi-year project. The importance of cultural change as an enabler of the wider transformation was also noted.
2. In response to a question from the Board, Nicole Gee provided an update on hybrid working at NICE and noted the increase in staff attendance at the offices over the last month. Staff and managers continue to work through and agree a pattern of hybrid working, and consultation on changes to contracts to reflect hybrid working will shortly commence. The Board noted the need to ensure working arrangements provide flexibility for staff but also support the delivery of the transformation programme. A progress update on how hybrid working is progressing was requested when sufficient qualitative and quantitative data is available on whether this balance is being achieved.

Action: Nicole Gee

1. In response to questions from the Board, executive team colleagues provided updates on the implementation strategy; NICE’s work on health inequalities; the Innovative Medicines Fund (IMF); and the real world evidence framework. On this latter point, it was noted that the consultation on the IMF had now closed, and the responses about the IMF as a tool to improve access to innovative medicines were positive. The first potential topic for the IMF has not yet been identified. However in the meantime, NICE’s recently updated methods and processes for health technology evaluation enable the committees to recommend managed access. Likewise, Felix Greaves noted that the consultation feedback on the real world evidence framework was very positive, and the next step is to work through any required actions and clarifications. The Board welcomed the positive feedback on the real world evidence framework and asked for an update on the general themes in the feedback and how the framework will now be applied, including as part of the proposed business plan priority to develop and launch a new early value assessment approach for medical devices, diagnostics and digital products.

Action: Felix Greaves

1. Subject to the above comments and actions, the Board noted the report.

## Integrated performance report (item 6)

1. Boryana Stambolova presented the integrated performance report, which provided an update on the year-end outturn for the 2021/22 key performance indicators, business plan objectives, and financial position. Overall the position was in line with that previously reported to the Board. 24 of the 28 reprioritised business plan objectives were delivered, and a number of guidance products either met or exceeded the planned volume. The year-end financial position was a £1.1m underspend, driven largely by a pay underspend at the start of the year when the vacancy rate was over 10%. Income was also lower than planned, particularly for the technology appraisal (TA) and highly specialised technologies (HST) programme. Boryana noted that an element of underspend will usually occur given NICE cannot overspend in any given year: the key is to closely monitor current and forecast expenditure so that any potential underspend can be reallocated to other priorities at an early stage in the year.
2. The Board asked about the under recovery of TA/HST income given the programme delivered the planned number of outputs, and also about the funding arrangements for the Innovative Licensing and Access Pathway (ILAP). In response, it was noted that the under recovery of TA/HST income was due to several factors, notably the higher than planned number of terminated appraisals, and the fees, which have recently been increased, previously not reflecting NICE’s costs. It was agreed to provide the Board with a bridge analysis explaining the variance between planned and outturn income.

Action: Jennifer Howells

1. Further information was also requested on whether the increased number of terminated guidance in 2021/22 is likely to be repeated in future years.

Action: Helen Knight

1. In relation to the ILAP, it was noted that the priority is to further develop the value proposition and benefits for industry, before then looking at the funding model. It was agreed to provide an update to the Board on the long-term funding mechanism for the ILAP at a suitable point in the future.

Action: Helen Knight

1. The increase in staff turnover was highlighted, which it was noted was offsetting the reduced vacancy rate. A question was asked whether the turnover is affecting particular roles or parts of the organisation and also whether exit interviews have raised any common themes. Nicole Gee stated that she would explore this further and provide this information to the Board.

Action: Nicole Gee

1. In response to questions to the Board, Paul Chrisp explained the topic areas that will be prioritised for trialling new ways of working in the guidelines programme in 2022/23. Diabetes, mental health, and obstetrics are in the pilot of using a topic specific standing committee to bring together and update recommendations in a topic suite that were previously contained in multiple individual guidelines, while breast cancer has been selected as the topic for piloting the new approach of developing and presenting content.
2. Subject to the above comments and action, the Board noted the report.

## Business plan 2022/23 (item 7)

1. Sam Roberts presented the proposed 2022/23 business plan for the Board’s approval, which as noted earlier in the meeting, contained 4 priorities developed following extensive engagement with external stakeholders. Paul Chrisp, Helen Knight, Jeanette Kusel, and Hilary Baker briefly explained what will be delivered in 2022/23 under each priority.
2. On priority 1, dynamic living guidelines, it was noted that the overall vision of computable recommendations, that are seamlessly and regularly updated and integrated into decision support systems, will not be fully delivered in 2022/23. However, the actions in the business plan are a first step towards delivering this vision. By the end of the year, external users will see breast cancer recommendations presented differently on the NICE website, and there will be a new model of implementation support. There will also be further exploratory work on content aggregator systems. The aim is to ensure that the learning from the breast cancer work can be applied to other topics, through review of the wider operating model in the Centre for Guidelines. Board members noted and welcomed that computable, measurable, recommendations provide increased scope for gathering data on the extent guidance is being implemented. Further information was requested at a seminar session on the lessons learnt from this work.

Action: Paul Chrisp

1. The Board welcomed the clarity of the ambition for priority 2, which seeks to expand technology appraisal capacity by 20% through introducing a more proportionate approach to NICE’s advice on medicines. It was noted that there are different options for producing guidance more quickly and it is important to engage the Board with these. Helen Knight noted that work is underway to develop various options and consider the risks each of these present. Helen confirmed further information will come back to the Board.

Action: Helen Knight

1. The Board discussed priority 3, to launch an early value assessment of medtech, and noted that while there will be a focus on digital health technologies in 2022/23, the work will provide the foundations of new ways of working that can be applied more widely across medtech in future, including looking at classes of technology. It was noted that this work will require a new approach, with different types of data to be collected, including potentially the impact on the NHS workforce and pathway of care. The value of a technology may significantly change as further data becomes available, and therefore it will be important to both ensure the recommendations are regularly updated and that the language reflects where the recommendations reflect an early value assessment which may change. The challenges around implementation and adoption of medical technologies were discussed, and it was noted that NICE continues to work with NHS England to explore this further. The Board noted the intention to use this priority to set the foundations for wider work on medtech and asked for further information on the learning objectives.

Action: Jeanette Kusel

1. The Board noted the work proposed as part of the organisational-wide transformation programme set out in priority 4, which will cover technology, processes and behaviours. It was highlighted that the transformation may also require certain activities to stop and it would be important to engage the Board in such decisions where they relate to externally facing outputs.
2. The Board approved the business plan and delegated to the Chief Executive approval of any further changes required following final review by the Senior Departmental Sponsor at the Department of Health and Social Care.

## Audit and Risk Committee annual report (item 8)

1. Alina Lourie, chair of the Audit and Risk Committee, presented the committee’s annual report which outlined the work undertaken over the year to review the effectiveness of NICE’s governance, risk management, financial and internal control arrangements. The committee will receive the final external and internal audit opinions for 2021/22 at its meeting in June, but at this stage, no adverse findings are expected. The committee has also reviewed its terms of reference and propose minor updates set out in the paper.
2. The ongoing risks facing all organisations around cyber security was noted. To provide assurance to the Board, information was requested on the results of phishing simulations undertaken at NICE.

Action: Alexia Tonnel

1. The Board received the report and approved the amendments to the committee’s terms of reference.

## Any other business (item 9)

1. There was no further business to discuss.

## Next meeting

1. The next public meeting of the Board will be held on 22 July 2022 at 1:30pm.