**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 16 December 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

Michael Borowitz Non-Executive Director

Mark Chakravarty Non-Executive Director

Jackie Fielding Non-Executive Director

Gary Ford Non-Executive Director (present for items 1 to 7 inclusive)

Elaine Inglesby-Burke Non-Executive Director

Alina Lourie Non-Executive Director

Bee Wee Non-Executive Director

Justin Whatling Non-Executive Director

Sam Roberts Chief Executive (left the meeting for items 8 and 9)

Paul Chrisp Centre for Guidelines Director

Alexia Tonnel Digital, Information and Technology Director

## Directors in **attendance**

Mark Chapman Interim Director of Medical Technology and Digital Evaluation

Jane Gizbert Communications Director

Felix Greaves Science, Evidence and Analytics Director

Helen Knight Director of Medicines Evaluation

Clare Morgan Director of Implementation and Partnerships

Boryana Stambolova Interim Director, Finance

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Chris Connell Associate Director, Field Team

Nick Crabb Programme Director, Scientific Affairs (for item 8)

James Love-Koh Scientific Advisor (for item 8)

Koonal Shah Associate Director, Science Policy and Research (for item 8)

Sian Corrigan Senior Communications Manager (for item 9)

Judith Richardson Programme Director, Health and Social Care (for item 9)

Lesley Owen Technical Advisor (for item 9)

Helen Lovell Deputy Director, Medicine Regulation and Prescribing, Department of Health and Social Care

## Apologies for absence (item 1)

1. Sam Roberts and Gary Ford noted they would need to leave the meeting part-way through to attend another meeting.
2. Sharmila Nebhrajani welcomed Clare Morgan to her first Board meeting since joining NICE earlier in December as Director, Partnerships and Implementation. This was also noted to be the first Board meeting for Helen Knight and Boryana Stambolova in their new respective capacities of substantive Director, Medicines Implementation and Interim Director, Finance.

## Declarations of interest (item 2)

1. Bee Wee and Mark Chakravarty highlighted their new roles as Visiting Professor at Bournemouth University and strategic adviser for Nye Health respectively, both of which had been added to the register of interests. These, 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 22 September 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 22 September 2022 and those open from preceding meetings, as set out in the action log. The actions marked closed on the log were confirmed as complete.
2. The Board discussed the following actions:

* 22/19: Helen Knight provided an update on the Centre for Health Technology Evaluation MSc programme and noted that the first cohort had now completed the course and secured substantive roles at NICE. The second and third cohorts are currently working through the programme, with the fourth cohort due to start with NICE in January. It was agreed to provide an update on this programme and also the joint masters course with the London School of Economics, as part of a wider update on talent management once the new Chief People Officer is in post.
* 22/20: Mark Chapman stated that he had discussed the commissioning arrangements for faecal microbiota transplants with NHS England and awaited formal confirmation it would be eligible for the Innovation Tariff. The Board agreed to close the action.
* 22/23: The Board welcomed the refinements made to the performance report in response to the feedback at the last meeting. It was noted that by March further information should be available on the success of the proportionate approach to technology appraisal business plan priority, and that updates on progress with releasing capacity would be provided during 2023/24 as this becomes clearer. The Board agreed to close the action.

## Update from the Department of Health and Social Care (item 5)

1. Helen Lovell provided an update from the Department of Health and Social Care (DHSC) and noted that since NICE’s last Board meeting, the DHSC ministerial team has been finalised, with Steve Barclay returning as the Secretary of State and Will Quince appointed as the lead minister for NICE. Helen highlighted the additional funding announced for the NHS in the Autumn Statement and stated that ministers and the NHS will continue to look to NICE to guide decisions on how to improve patient care whilst maximising use of NHS resources. Helen noted the ongoing position with Evusheld, which is currently with NICE for evaluation through the technology appraisal process. The DHSC also welcomed NICE’s recent consultation on the draft recommendations from the multiple technology appraisal (MTA) for COVID-19 treatments, given the importance of moving from pandemic arrangements to standard processes as the country continues to live with COVID.

## Report from the Executive Team (item 6)

1. Sam Roberts introduced the Executive Team report to the Board, which provided an update on the business plan priorities and developments since the last Board meeting in September. Sam noted the progress with the priority areas of focusing on what matters most; creating useful and useable advice; learning from data and implementation; and building an organisation as brilliant as the people in it.
2. In response to a question from the Board, Jane Gizbert provided further information about the brand campaign aimed at commissioners from new Integrated Care Boards across health and social care. The pilot sought to highlight NICE’s useful and usable advice, and the focus on what matters to the system. Jane offered to provide further information about the campaign to the Board.

Action: Jane Gizbert

1. The focus on NICE’s recruitment processes as part of the workforce equality, diversity and inclusion plan was welcomed. As part of this, there was encouragement from the Board to review the current recruitment information on the NICE and NHS jobs websites to ensure these send a welcoming and inclusive message to candidates from a diverse range of backgrounds. Sam Roberts stated that she would ask the incoming Chief People Officer to look at this when in post.

Action: Helen Brown

1. The Board discussed the proportionate approach to technology appraisal business plan priority, and linking back to the earlier discussion on action 22/23, noted the importance of being mindful of the rationale for the pilot – which is to increase capacity in the technology appraisal (TA) programme so that it can evaluate all new active substances and significant licence extensions in order to enable patient access to innovative treatments that represent value for money. The Board noted the recent work to consider nintedanib to treat idiopathic pulmonary fibrosis (IPF) through the pilot which meant it was completed 8 weeks faster than a standard appraisal of this type. The Board congratulated those involved in the pilot and welcomed the organisational agility that was able to identify and utilise the opportunity for a new, quicker process.
2. Subject to the above comments and actions, the Board noted the report.

## Integrated performance report (item 7)

1. Boryana Stambolova presented the integrated performance report, which provided an update on the financial position and performance against the key performance indicators for the period 1 April 2022 to 31 October 2022, and a summary of progress with the objectives in the 2022/23 business plan at 30 November 2022. The majority of the guidance programmes expect to deliver the volume of outputs in the business plan, and NICE is on track to deliver its statutory financial duties with a forecast year-end underspend of £0.8m. Boryana noted that the report had been amended in response to the feedback at the last Board meeting, with for example, the ‘RAG’ ratings on the summary page now showing the confidence in achieving the targets at the year-end.
2. Helen Knight provided a summary of progress with the proportionate approach to technology appraisal business plan priority. She noted the good progress to date and explained that the amber rating is due to the level of confidence in achieving the 20% capacity increase. It was noted that the pre-specified assumptions workstream was discontinued as it became clear it would not deliver the required efficiencies, while the Rapid Access to Managed Access workstream has a reduced scope following discussions with NHS England and stakeholders. Work also continues to refine the KPIs to better reflect technology appraisal activity.
3. Paul Chrisp provided an update on the digital living guidelines business plan priority. He noted that the team have delivered a proof of concept showing a new more user-centred way of presenting recommendations and advised that the next stage is to look at how to scale this up to wider topics. Work also continues to review NICE’s support for implementation, informed by user experts, which will include looking at the scope to automate data collection.
4. Mark Chapman highlighted that the early value assessment (EVA) for medtech business plan priority is rated green with a high confidence in achieving the objectives. Work is underway with colleagues in NICE’s Science, Evidence and Analytics directorate to explore how real-world evidence can be used to address the uncertainties identified by the committees in their initial evaluation.
5. Alexia Tonnel briefly outlined progress with transforming technology across the organisation, which was rated green in several areas. The main challenge is the roll-out of SharePoint given the level of engagement required with staff and the need to introduce consistent ways of working across the organisation.
6. Sam Roberts reflected on the people indicators in the report and stated that while the vacancy rate is above plan, this reflects the need to prepare for forthcoming funding reductions, with workloads adjusted accordingly. Progress has been made on equality, diversity and inclusion, but there is still much to do. Sam stated that turnover is the area of greatest concern and more can be done to ensure NICE is a great place to work, building on the activities this year to provide staff with development opportunities. The Board noted this will be an area of focus for the new Chief People Officer and asked that the postholder outlines their perspective on what else NICE could do to reduce turnover, drawing on good practice elsewhere. This would link to the action earlier in the meeting on talent management.

Action: Helen Brown

1. In response to questions from the Board, Mark Chapman confirmed that the sponsoring companies are responsible for the data collection arrangements for technologies considered under the EVA business plan priority. Felix Greaves noted that the availability of data is variable and the aim is to work with partners to look at how to utilise existing infrastructure where possible. The Board discussed the importance of horizon scanning and ensuring topic selection is driven by the needs of the health and care system. Sam Roberts confirmed that a key priority for next year, overseen by the new Chief Medical Officer, is to look at how to draw upon on existing system intelligence (including from the National Institute for Health and Care Research and Academic Health Science Networks) to ensure NICE’s topic selection is driven by the system’s priorities. The Board welcomed this intention and highlighted the importance of ensuring that NICE’s plans for the remainder of 2022/23, and those for 2023/24 and beyond, address the challenges in the health and care system which have exacerbated since the 2022/23 business plan and the 5 year strategy were produced. Likewise, progress reports should outline how NICE has supported the system deal with these pressures.
2. Subject to the above comments and action, the Board noted the report.

## Options appraisal for adopting a wider societal perspective (item 8)

1. James Love-Koh presented the outcome of the options appraisal commissioned by the Board in 2021 regarding what types of cost and benefit are accounted for in NICE’s economic analyses. James outlined the process undertaken to review the options and noted that broadening the analysis to include economic productivity effects in assessments is ethically problematic because it entails valuing interventions differently based on the working status of the recipient population. Formally broadening the perspective of NICE assessments would also require substantial further research - notably on valuing non-health benefits and opportunity costs, and determining the relative value of health and non-health effects in decision-making. This would require co-ordination with other public sectors to align methods and maximise outcomes across public expenditure. The activities would therefore entail a multi-year programme of work and require significant NICE resources. It is felt that this volume of activity would be disproportionate to any expected benefits to the quality of NICE decisions given the existing flexibilities to include relevant wider effects. The recommendation is to therefore retain NICE’s current approach and update processes to ensure consistent application of the current flexibilities so that assessments include wider costs and effects when relevant.
2. Board members thanked colleagues for the thoughtful and thorough analysis. The need to ensure finite health resources are used to maximum value was noted, and as part of this, there was encouragement to consider the workforce impact of NICE’s recommendations, and also where benefits of health expenditure accrue outside of the NHS (such the education and criminal justice sectors). Board members asked how the existing flexibilities to adopt a wider perspective have been used in the past and emphasised the importance of ensuring clear guidance is provided to committees on these available flexibilities.
3. In response, it was noted that the impact on the NHS workforce can be included within the existing health sector perspective, and the impact on other sectors can be included at the scoping stage if a considerable proportion of the intervention cost or cost impact is incurred outside of the health sector. Past examples of NICE considering a wider impact included the evaluations of nalmafene for reducing alcohol dependency and cochlear implants for children. If the recommendation to maintain NICE’s existing approach is agreed, it was confirmed that training will be offered to committees on how to utilise the existing flexibilities.
4. Having considered the analysis set out in the paper, the Board supported the recommendation to retain the current approach to economic analysis and strengthen NICE processes to ensure consistent application of the current flexibilities so that assessments include wider costs and effects when particularly relevant. The Board highlighted the importance of providing the committees with clear written guidance on when the flexibilities could be used, along with training. The Board also asked that the impact of using these flexibilities is kept under review and asked to receive a progress update, including information on when a wider perspective has impacted recommendations, at a suitable future date.

Action: Felix Greaves

## NICE health inequalities programme update (item 9)

1. Clare Morgan and Judith Richardson presented the update on progress with the agreed priorities for the health inequalities work programme. Recent highlights include the launch of the NICE health inequalities web resource; establishing a more systematic approach to proactive consideration of health inequalities in guideline development through the expanded equality impact assessment; and successful collaboration with partners leading to a shift in NICE’s status in addressing health inequalities.
2. The Board discussed the prototype health inequality calculator tool which allows users to explore the potential impact of NICE recommendations on health inequalities. Lesley Owen explained that the tool, developed by the University of York, was piloted with the weight management and spinal cord compression guidelines, and received positive feedback from the committee members. In response to a question about evidence of the tool’s effectiveness across a range of conditions, it was noted that the availability of data affects where the tool can be used.
3. The Board welcomed and supported the work undertaken to date and the further actions planned as set out in the report. The Board asked to be kept informed of the impact of these initiatives on the committees’ work and how NICE’s activities are impacting other health and care organisations.

Action: Clare Morgan

## Updates to standing financial instructions and standing orders (item 10)

1. Boryana Stambolova presented the proposed amendments to the standing financial instructions and standing orders for the Board’s approval, following review by the Audit and Risk Committee in November. Key changes include expanding and updating the references to the DSHC and the Cabinet Office spend controls for the use of consultancy, professional services and contingent labour; and empowering budget holders within a clear accountability framework.
2. The Board approved the updated standing financial instructions and standing orders, subject to a minor typographical change in SFI 87.

## Audit and Risk Committee minutes (item 11)

1. Alina Lourie presented the confirmed minutes of the Audit and Risk Committee meeting held on 19 October 2022 and the unconfirmed minutes of the meeting held on 30 November 2022. The committee noted the positive ongoing development of the strategic risk register and highlighted the session planned for the Board in March on risk management requested by the committee.
2. The committee’s ongoing oversight of cybersecurity was noted, including the outcome of the recent phishing exercises. The Board requested a further update on these exercises when the committee is satisfied recent data quality issues had been resolved.

Action: Alexia Tonnel

1. The Board received the minutes.

## Any other business (item 12)

1. There was no further business to discuss.

## Next meeting

1. The next public meeting of the Board will be held on 22 March 2023 at 1:30pm.