**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting
held on 22 September 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

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

Paul Chrisp Centre for Guidelines Director

Jennifer Howells Finance, Strategy and Transformation 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 Acting Interim Director, Medicines Evaluation

Judith Richardson Acting Director, Health and Social Care

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Chris Connell Associate Director, Field Team

Sara Buckner Technical Adviser (item 8)

Kathryn Birds Coordinator (item 9)

Jean Bennie Senior Technical Analyst (item 9)

Portia Dodds Project Services Coordinator (item 9)

Geoff Ellison-Roberts Project Manager (item 9)

Stevie Okoro Market Access Analyst (item 9)

Nicky Tyson OD and EDI Consultant (item 9)

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

## Apologies for absence (item 1)

1. None.
2. Sharmila Nebhrajani welcomed Michael Borowitz to his first meeting since being appointed as a non-executive director. Michael introduced himself to the Board and outlined his background and experience as a senior health economist and physician specialising in public health and infectious diseases.

## Declarations of interest (item 2)

1. 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 July 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 July 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. In relation to action 22/18, Helen Knight confirmed that the first cohort of students are due to complete the NICE / London School of Economics Masters course in November 2022 with a second cohort due to finish in June 2023. In response to a question from the Board, Helen noted that this is part-time course and the participants are in a variety of stages in their career so this would not necessarily offer a pipeline of talent into NICE. However, there is an scheme in place with another university that seeks to provide a development pathway for technical roles though the combination of a post-graduate course and on the job training. The Board requested a further update on the work to develop a talent pipeline through these academic courses at a suitable point.

Action: Helen Knight

1. It was agreed that an update on hybrid working would come back to the Board in March 2023 and that in future a target date should be provided for each action on the log.

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

1. Helen Lovell noted that the due to the recent period of national mourning the full ministerial team is not yet in place at the Department of Health and Social Care (DHSC) and the ministerial portfolios have therefore not been fully finalised. Helen noted that the new Secretary of State has published a plan for improved access to GPs and has a strong patient focus.

## 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 externally facing priority areas of i) focusing on what matters most, ii) creating useful and useable advice and, iii) continually learning from data and implementation. In relation to the first priority area, the early value assessment of Medtech (EVA) project has successfully piloted a more proactive approach to horizon scanning and topic selection this year, aligned to areas of national need; while the new substantive Chief Medical Officer will lead on horizon scanning and prioritisation of topics across the Institute. On the second area, the proportionate approach to technology appraisal (PATT) is piloting three new approaches to technology appraisal of medicines, tailoring the appraisal based on complexity and risk. In the third priority, there has been significant progress in developing an online resource to support Integrated Care Systems address health inequalities, a key implementation priority for these emerging systems.
2. Sam Roberts and members of the executive team then highlighted some of the recent activities and achievements outlined in the report including publication of an updated evidence standards framework for digital health technologies; a new content model for lung cancer bringing together guideline recommendations and technology appraisal guidance; the refresh of the NICE brand identity to align with the organisational strategy; and the collaboration with the MHRA to support the transformation of regulation and access for the MedTech pathway. The key strategic risks around strategic relevance, financial sustainability, and organisational transformation were also noted.
3. The Board noted and welcomed the publication of the first draft guidance from the EVA pilot, which addresses an unmet clinical need for more easily accessible and available ways to measure heart rhythm disturbance such as QT interval in the psychiatric service setting; and also the recommendation that a faecal microbiota transplant (FMT) is offered to people who have been treated for two or more Clostridium difficile (C. diff) infections without success, following review through the standard MedTech process. The Board asked about the arrangements for adoption and implementation of these technologies, noting the wider discussions around the reimbursement arrangements for medical technologies that receive a positive recommendation from NICE. Questions were also asked about the progress with seeking additional funding for the MedTech programme, and the about the NICE assessment that will follow the initial EVA recommendations. In response, it was confirmed that the bid for additional funding from the Office for Life Sciences is currently being finalised, which would increase capacity to roll-out the EVA pilot more widely. Mark Chapman confirmed that the EVA pilot is a catalyst to review the whole MedTech evaluation process, and highlighted that the executive team will discuss proposals for potential wider changes shortly. Discussions with the DHSC and NHS England continue regarding the reimbursement arrangements for MedTech guidance more generally, which would be a topic for future Board discussion, but the recommendations on FMT have been put forward for consideration for NHS England’s MedTech funding mandate given evidence presented to the committee showed the treatment could save the NHS money. Mark Chapman agreed to clarify the funding and commissioning arrangements, including the data collection.

Action: Mark Chapman

1. Subject to the above comments and action, the Board noted the report. The Board welcomed the progress in focusing on what matters most to the health and care system and presenting guidance in a useful and usable format. The Board highlighted the importance of ensuring the recent publications on health inequalities and evidence standards for digital health are not one-off activities and have a positive ongoing impact. The Board therefore asked to be kept updated on progress with these initiatives through the executive team report, along with feedback on the new presentation of guideline and technology appraisal recommendations.

## Integrated performance report (item 7)

1. Jennifer Howells 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 July 2022, and a summary of progress with the objectives in the 2022/23 business plan at 31 August 2022. Jennifer noted that the business plan priorities on digital living guidelines, proportionate approach to technology appraisal (PATT), and organisational transformation, have an amber rating for year-end out-turn, with early value assessment of MedTech (EVA) rated green. The majority of the guidance programmes expect to deliver the volume of outputs in the business plan, with the exceptions highlighted in the summary of the report. The organisation is on track to deliver its statutory financial duties and income from the technology appraisal (TA) and highly specialised technologies (HST) programmes is forecast to increase £2.1m from 2021/22. Jennifer noted that given the Department of Health and Social Care’s guidance to control all but essential expenditure the organisation is likely to deliver an underspend of more than £1m.
2. The Board noted with concern that staff turnover, vacancy rate, and sickness absence have all increased since the start of the year and are above target. Board members asked about the impact of this on staff and whether there are any trends or disparities in the data in relation to different staff groups. In response, Sam Roberts confirmed that the staff survey will shortly be undertaken which will provide data on staff engagement. It is also proposed to undertake pulse surveys quarterly to provide a more regular insight into staff experience and engagement, the results of which will be shared with the Board. Sam noted that the vacancy rate reflects the context of the restrictions on non-essential recruitment and the expectations set by the DHSC. However, turnover is more of a concern, and the executive team are looking at variation across their teams and any specific issues, including feedback from exit interviews. It was agreed that further information would be provided to the Board to address the specific queries around the balance between long-term and short-term sickness, and any differential in turnover according to banding and protected characteristics.

Action: Sam Roberts

1. The Board noted the evolution of the report and welcomed the inclusion of the visual indicator of the level of confidence that each business plan priority would be achieved. Board members highlighted the importance of a report that surfaces the challenges facing the organisation so the Board can collectively work through and address these. Several areas to further develop the report were noted, including to provide a clearer overview of performance in the technology appraisal programme both in terms of income and operational delivery, and the extent the proportionate approach to appraisal priority is increasing capacity in the technology appraisal programme. Board members noted that implementation of NICE guidance is a key priority and asked that further consideration is given to how progress can be reported to the Board, with the acknowledgement this can be a challenging area to measure. There was also a request to review the approach to the ‘RAG’ ratings across the report to ensure clarity on when an indicator is shown as red or amber.

Actions: Helen Knight / Judith Richardson / Jennifer Howells

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

## Guideline manual update (item 8)

1. Paul Chrisp and Sara Buckner presented the report that summarised proposed changes to the manual for developing NICE guidelines for agreement to submit these to public consultation. Following initial changes to the manual in January 2022, it was noted that this is the first of 4 modular updates, which will run in separate blocks of consultation and publication throughout 2022/23. This first module incorporates updates to the methods for synthesising evidence and health economics, and how health inequalities and real-world data are considered. Paul noted this has been a collaborative project and thanked the wide range of staff who contributed.
2. The Board approved the proposed updates to sections 1, 4, 6 and 7 of developing NICE guidelines: the manual for public consultation.

## Annual equality report (item 9)

1. Jennifer Howells presented the annual equality report for 2021/22, which outlined progress in delivering the organisation’s equality objectives across guidance production and the workforce. In relation to guidance objectives, Jennifer highlighted the notable increase in the proportion of applicants for committee roles from an Asian or Asian British background and an increased proportion of applicants providing the equalities monitoring information. Progress has not however been delivered across all groups, with applications from Black and Black British people remaining unchanged since last year. Listening events have been held with former and current committee members to discuss how to increase diversity within NICE’s advisory committees and during guidance development, and an action plan has been co-produced with committee members.
2. Jennifer Howells thanked Nicole Gee, for the energy and enthusiasm she brought to the equality, diversity, and inclusion (EDI) agenda as Interim Chief People Officer, and handed over to Nicky Tyson who summarised key aspects in the report in relation to NICE’s workforce. Nicky noted there have been some modest improvements, including an increase in the proportion of staff who identify as from a Black, Asian, or minority ethnic group, and a reduction in the proportion of staff who have not provided the equalities monitoring information. However, there remain significant challenges, including with a lack of ethnic diversity at senior levels – with no non-white staff at bands 9 and above. Recruitment data is also a key concern: at interview stage, Black and Black British candidates are 5.7 times less likely, and Asian and Asian British candidates 2.7 times less likely, to be appointed than their white counterparts, with both of these figures worsening since last year. To deliver a step-change in performance, each executive team member has individual EDI objectives, alongside directorate level key performance indicators and action plans. Interview practice will be reviewed, and initiatives such as sponsorship will be explored as part of a more structured approach to talent management that seeks to ensure a strong and diverse talent pipeline.
3. The representatives from the staff networks each then gave an overview of their work over the last year. Geoff Ellison-Roberts explained how the NICE and Proud network for LGBTQ+ staff has been working to raise visibility of LGBTQ+ issues across the organisation, including the use of include gender pronouns on email signatures and at the start of meetings. The network has been working to improve the workforce data and the upcoming staff survey will have a more inclusive list of LGBTQ+ groups to improve declaration and reporting. It has also been supporting NICE’s health inequalities programme to include LGBTQ+ considerations in guidance development. Kathryn Birds outlined the achievements of NICE’s Disability, Advocacy and Wellbeing Network (DAWN), including the introduction of a disability passport and crib sheet to aid discussions between line managers and staff with seen and unseen disabilities, and collaboration with the facilities team to launch a ‘quiet and calm space’ to improve the office environment for staff with physical and sensory impairments, and neurodiversity. Jean Bennie highlighted the Race Equality Network’s (REN) achievements over the last year, including the launch of ethnically diverse interview panels for senior staff, workshops to help existing staff with interview preparation, and celebrations around international women’s day; but noted there is still much work to work to do. The networks noted the changes in the organisation’s culture so staff do feel more able to bring more of themselves to work, but agreed there are still improvements to make so all staff feel fully comfortable at work.
4. Board members thanked the staff network representatives for their work in this area and for sharing their experiences with the Board. It was confirmed that EDI must remain a priority area for the Board, executive team and the whole organisation, and therefore the Board welcomed the development of executive team and directorate level objectives and performance indicators.
5. The Board discussed how to increase the level of diversity across the workforce, particularly in senior roles. In the context of the recruitment restrictions, it was highlighted that supporting and developing existing staff will be particularly important through activities such as coaching and mentoring. There was also encouragement to consider the scope to participate in external schemes such as Kickstart and 10,000 black interns, which may also help increase socioeconomic diversity in the workforce. The Board noted the more positive position in relation to the diversity of the committees but there was a suggestion for further ambition so that the committees reflect the NHS workforce which is more ethnically diverse than the wider UK population.
6. Subject to the comments above, the Board received the report and approved this for publication. The Board requested an update on progress with the action plans at a suitable point and invited the staff networks to join that discussion to share their invaluable perspective.

Action: Jennifer Howells / Chief People Officer

## Health and safety policy (item 10)

1. On behalf of the currently vacant Chief People Officer role, Jennifer Howells presented the health and safety policy which had been updated following periodic review. The policy has been approved by the operational management committee and now requires ratification by the Board, as it is a matter reserved for the Board.
2. The Board approved the updated health and safety policy. Given the Board’s responsibility for approving the policy, it was agreed that information on NICE’s health and safety performance and implementation of the policy should be reported to the Audit and Risk Committee on behalf of the Board.

Action: Chief People Officer

## Any other business (item 11)

1. Sharmila Nebhrajani noted that a large number of questions about Evusheld had been submitted from members of the audience. Given the volume of questions received, it would not be possible to provide an individual response to each question and instead Helen Lovell and Helen Knight were asked to provide an update on the position on behalf of the DHSC and NICE respectively.
2. Helen Lovell stated that based on the evidence and after careful analysis and consideration, the UK Government decided not to procure Evusheld for prevention through emergency routes at this time. This is a decision based on independent clinical advice by RAPID C-19, a multi-agency group, and a UK National Expert Policy Working Group and reflecting the epidemiological context and wider policies in the Government’s pandemic response and recovery. The Government has however referred Evusheld to NICE for evaluation through the technology appraisal programme. Helen Knight confirmed NICE received the referral on 10 August 2022 and started the appraisal process at the end of August. The first committee discussion is planned for March 2023 with guidance likely to be issued for consultation in April 2023. It is anticipated that a summary list of the evidence considered by the RAPID C-19 group will be published on the NICE website shortly. Sam Roberts stated that she understood the concerns about this issue and the rationale for requests for urgency. She explained however that NICE does not have the ability to make recommendations for expedited or urgent use and is working as quickly as possible to complete the technology appraisal.
3. There was no further business to discuss.

## Next meeting

1. The next public meeting of the Board will be held on 16 December 2022 at 1:30pm.