**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting
held on 15 September 2021 at the Royal College of Physicians and via Zoom

# Unconfirmed

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

Dame Elaine Inglesby-Burke Non-Executive Director

Professor Tim Irish Non-Executive Director

Alina Lourie Non-Executive Director

Dr Justin Whatling Non-Executive Director

Tom Wright Non-Executive Director

Professor Gillian Leng Chief Executive

Meindert Boysen Centre for Health Technology Evaluation Director

Dr Paul Chrisp Centre for Guidelines Director

Jennifer Howells Finance, Strategy and Transformation Director

Alexia Tonnel Digital, Information and Technology Director

## Directors in **attendance**

Nicole Gee Interim Chief People Officer

Jane Gizbert Communications Director

Dr Felix Greaves Science, Evidence and Analytics Director

Dr Judith Richardson Acting Health and Social Care Director

## In attendance

Chris Connell Associate Director, Field Team

David Coombs Associate Director, Corporate Office (minutes)

Professor Kevin Harris Consultant Clinical Adviser and Senior Responsible Officer for Patient Safety (item 7)

Lisa Hooley Senior OD, Learning and Talent Manager (item 8)

Grace Marguerie Associate Director, HR (item 8)

Louise Eaton Analyst, Adoption and Impact (item 9)

Louisa Regan Implementation Adviser (item 9)

Xavier Vaz Senior Analytical Manager, Adoption and Impact (item 9)

## Apologies for absence (item 1)

1. Apologies were received from Professor Gary Ford.

## Declarations of interest (item 2)

1. Sharmila Nebhrajani noted that she was no longer a trustee and governor of the Health Foundation, and that she has been appointed by Buckingham Palace and HM Treasury as Chairman of the Sovereign Grant Audit Committee and a non-executive director for the Lord Chamberlain’s Committee with effect from 1 September 2021. The register of interests will be updated accordingly. Jackie Fielding noted that the register had been updated to include her appointment as a non-executive director of Sequana Medical. These, and the directors’ previously declared interests recorded on the register 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 21 July 2021 were agreed as a correct record.

## Action log (item 4)

1. The Board noted the progress with the actions arising from the Board meeting on 21 July 2021 and those open from preceding meetings. Those marked closed on the log were confirmed as complete.

## Report from the Executive Team (item 5)

1. Gill Leng presented the Executive Team report to the Board, which covered key priorities and areas of progress with the strategy since the last Board meeting, and other areas of note. Gill highlighted the publication of NICE’s draft guidance recommending the novel anti-cholesterol drug Inclisiran, and provided an update on the position with the proposed updated Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome/ (ME/CFS) guideline. Gill explained the decision to pause the publication was not taken lightly, but NICE wants the guideline to benefit patients and therefore it is important to ensure the guideline has support from the professional groups who will be central to its implementation. A roundtable event has been arranged to further explore the concerns raised and consider how to progress the guideline to ensure effective implementation. Dame Carol Black has agreed to chair the event from an independent perspective, and it will include representatives from patient organisations, charities, relevant professional societies, NHS England and Improvement (NHSE&I), NICE, and the guideline committee. NICE will then consider how to proceed in light of the feedback from the event.
2. The Board noted the risk identified in the report around recruitment and retention, and discussed whether there is scope to mitigate this further. The Board was pleased to note the range of initiatives in place, including reallocating technical resource to high priority work programmes, and exploring innovative approaches to access expertise from other organisations including through secondments, collaborations, and short-term project work. Further planned actions were noted, including reviewing the recruitment process and exploring how to grow and develop staff. The Board welcomed these actions and highlighted the importance of promoting the wider benefits of working of NICE.
3. Subject to the above comments, the Board noted the report.

## Integrated performance report (item 6)

1. Jennifer Howells presented the integrated performance report, which provided data on progress with the business plan objectives and deliverables; the status of key performance indicators; and the financial position at the end of July 2021. Four of the 8 high priority objectives for 2021/22 are on track to deliver, while 3 are rated ‘amber’ with either minor challenges or risks to delivery. At the end of this period, there was an underspend of £276k, which is largely due to the underspend on pay, off-set by an under-recovery of income. Jennifer noted that while the forecast year-end position is a £0.9m underspend, plans are in place to fully utilise all of the resources available to NICE in 2021/22. The financial position will require careful management to ensure the funds are used effectively while providing contingency for any risks.
2. The Board discussed the delivery of the outputs against the business plan targets and were pleased to note that most remain on target. It was noted that the diagnostics assessment programme was unable to launch new topics for several months in 2020 either due to the pandemic or as a result of insufficient numbers of topics being routed to the programme, and is forecast to publish 4 pieces of diagnostics guidance this financial year, which is 36% of the business plan target. Meindert Boysen assured the Board of the strong pipeline of topics for the programme, including digital technologies. The topic selection process has been strengthened, with greater involvement of NHS England. The recent appointment of a new programme director for devices, diagnostics and digital, will further aid this process, with greater clinician engagement in this process a priority. Meindert highlighted the recent work on continuous glucose monitoring that brought together different aspects of the technology evaluation programmes. The Board welcomed this innovative approach and requested an update on the learning from this approach as part of the discussions at the October Board strategy away-day.

Action: Meindert Boysen

1. The Board noted the report and welcomed the clear presentation. As part of the report’s ongoing evolution it was requested that the narrative outlines the actions that will be taken when a business plan priority is shown at risk of delivery.

Action: Jennifer Howells

## Patient safety annual update (item 7)

1. Kevin Harris presented the annual update to the Board on NICE’s patient safety activity over the last 12 months, noting that the response to the Independent Medicines and Medical Devices Safety Review has been a key area of focus. The report also set out a new model for taking forward patient safety at NICE, which will include coordinating patient safety activity internally and working with the external health and care partners. As part of this, there will be a new small patient safety team, and a patient safety oversight group with cross-Institute membership.
2. The Board welcomed the work undertaken in this area and asked how NICE’s consideration of patient safety will adapt in light of changes to healthcare interventions such as digital therapies. In response, it was confirmed that NICE is working closely with partners such as NHS Digital, NHSX and the MHRA in this area, including to ensure data on patient safety is captured and monitored.
3. The Board received the update and endorsed the proposed approach for managing future patient safety matters and the priorities for the next 12 months.

## Staff survey 2021 (item 8)

1. Nicole Gee, supported by Grace Marguerie and Lisa Hooley, presented the report that set out the results of the 2021 staff survey and the action plan developed in response. The feedback in the survey was overall positive given the challenging context of the COVID-19 pandemic, with the scores around management and leadership, opportunities for new work, and consultation around change, particularly positive. The main concerns are the decline in scores on work-life balance and well-being, with career development also an issue. Nicole Gee stated that the action plan, which has been developed with input from the union and staff, will be part of a wider organisational design and development plan.
2. The Board welcomed the results and agreed these were overall very positive. There was broad support for the action plan, with the caveat of avoiding adding further extensive actions onto an organisation that is already reporting stress. Board members referred to ongoing discussions about the future of work and suggested that the action plan should also consider the benefits of a return to a degree of office working in terms of reducing stress and helping improve work-life balance by helping draw a boundary between home and work. In addition, it was noted that office attendance can also provide the opportunity for informal and ad-hoc collaboration, and particularly help newer and/or more junior staff who would have greater opportunity to engage with more senior and established colleagues than when everyone is working remotely. Nicole Gee noted the diversity of views on this issue and highlighted that consultants are currently engaged to provide recommendations to NICE. It will be important to work through the best way of delivering the organisation’s objectives while taking account of staff views, and there will be benefit in empowering teams to identify the most effective approaches at a local level.
3. In response to questions from the Board about the variability of the results across NICE, Nicole Gee confirmed that results have been provided at the directorate and team level, and highlighted the need for managers to be able to address the relevant issues locally. As part of this, it will be important to retain an agile approach and avoid an extensive action plan.
4. The Board received the report and supported the action plan, subject to the above comments.

## NICE impact report: cardiovascular disease prevention (item 9)

1. Judith Richardson presented the report that outlined how NICE’s evidence-based guidance is being used to help improve outcomes in cardiovascular disease (CVD) prevention. Judith noted that the report is focused on 2 themes – reducing the risk of developing CVD and diagnosis and management of high risk CVD – and summarised the key findings and next steps, including the engagement with the CVDPrevent audit.
2. The Board discussed the report and reflected on the challenges around the adoption of new drugs. Meindert Boysen highlighted NICE’s activities in this area as part of the Innovative Licensing and Access Pathway and the Accelerated Access Collaborative. Work is also underway to learn from the med-tech programme, which considers issues around implementation, such as service redesign and digital interdependencies, earlier in the guidance development process. The Board welcomed this intention and noted the scope to reflect on the target audience for NICE’s guidance and consider the benefits of looking at how guidance can be relevant to individual service users rather than just commissioners and health and care professionals.
3. The Board discussed the impact of the shift to a ‘digital first’ approach to healthcare due to the COVID-19 pandemic. While digital and remote health interventions can offer a more convenient and better experience of healthcare, it was noted there are risks of excluding those without digital access or skills. Therefore it is important to ensure efforts are made to avoid further exacerbating health inequalities.
4. The Board received the report.

## Any other business (item 10)

1. Jennifer Howells stated that the Audit and Risk Committee reviewed and supported proposed updated standing orders, standing financial instructions, and a scheme of reservation and delegation at its meeting on 8 September. These documents will come to the next public Board meeting for approval as they are a matter reserved for the Board. However, the Audit and Risk Committee supported a proposal to implement two changes in the revised documents with immediate effect as this would aid the efficient utilisation of funding while maintaining appropriate safeguards: the revised thresholds for seeking quotes and tenders, and changes to the internal approval mechanism for consultancy expenditure. Neither change affects the decisions on expenditure that come to the Board. Jennifer asked the Board to support this proposal, which was agreed.

Action: Jennifer Howells

1. Sharmila Nebhrajani noted Gill Leng’s recently announced decision to retire from NICE after more than 20 years with the organisation. There would be further information on the timescale for Gill’s retirement in due course, along with the arrangements for appointing her successor. Likewise, there will also be appropriate opportunities to mark Gill’s long and committed service.
2. The Board then passed the following resolution to move to a part 2 meeting to discuss confidential matters:

*"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".*

## Next meeting

1. The next public meeting of the Board will be held on 17 November 2021 at 1:30pm.