**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Minutes of the Board Strategy Meeting

26 February 2020 in the Derwent meeting room, NICE London office

*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.*

## Present

**Non-Executive Directors** Professor Tim Irish

 Professor Martin Cowie

 Dr Rima Makarem

 Tom Wright

**Executive Directors** Sir Andrew Dillon

 Professor Gillian Leng

 Alexia Tonnel

**Directors in attendance** Meindert Boysen

 Paul Chrisp

 Jane Gizbert

 Catherine Wilkinson

**In attendance** Dr Peter Groves

 Dr Mark Kroese

 Paul Lincoln

 Professor Stephen O’Brien

 David Coombs (minutes)

 Carla Deakin (item 10)

## Apologies (Board and Senior Management Team) (item 1)

1. Apologies were received from Professor Sheena Asthana and Elaine Inglesby-Burke.

## Declarations of interest (item 2)

1. None.

## Minutes of December 2019 Board strategy meeting (item 3)

1. The minutes of the Board strategy meetings held on 18 December 2019 were agreed as correct records subject to adding Dr Rima Makarem to the list of attendees.

## Matters arising (item 4)

1. The Board noted that the actions from the Board strategy meetings on 18 December 2019 were complete or in hand.

## Chief Executive’s update (item 5)

1. Andrew Dillon updated the Board on recent developments. He noted that:
	* The Government has announced Sharmila Nebhrajani as the preferred candidate for NICE’s new Chair. The appointment is subject to a pre-appointment hearing at the Health and Social Care Select Committee, and then final approval by the Secretary of State for Health and Social Care. The Non-Executive Directors have appointed a new Chief Executive and this now awaits approval from the Secretary of State for Health and Social Care.
	* The Senior Management Team (SMT) have developed a pandemic contingency plan to manage the impact of a coronavirus pandemic. The plan seeks to clarify the roles and responsibility of individuals and teams within NICE; provide timely, authoritative and up-to-date information for staff; and ensure business continuity as far as possible. NICE has also agreed to make staff resources available to the Department of Health and Social Care (DHSC), Public Health England and NHS England/Improvement (NHSE/I) to assist their national handling responsibilities.
	* DHSC are looking for 5% savings across its non-NHS budgets, and national agencies are being asked to put forward options for savings of between 5% and 7.5%. This equates to around £2.5m to £3.8m for NICE. The timing for savings is to be confirmed, but DHSC are likely to agree a phasing of savings over a 3 year period, beginning on 2020/21.
	* The SMT have updated the staff recruitment and selection policy, in conjunction with managers and UNISON.
	* Capacity challenges in the technology appraisals (TA) programme will extend the timeline for some pieces of guidance.
	* DHSC and NHSE/I have asked NICE to produce a guideline on gender incongruence in children and young people. Paul Chrisp has been working with both organisations to ensure that the referral is focused on areas within NICE’s remit and on which the Institute can add most value. NHSE/I are organising a stakeholder workshop to consider the best approach for examining the aspects of the topic that will not be part of the NICE guideline.
	* Following the discussions at previous Board meetings, the final guideline on repairing abdominal aortic aneurysms (AAA) will shortly be published. The guideline will first be sent to consultees under embargo in the usual manner, and the day before this, it will be shared with the committee along with an explanation of the approach taken.
	* The forecast financial position at the end of March 2020 is an underspend of £1.3m. This is subject to change as a result of final expenditure in March and any required provisions.
2. Meindert Boysen explained further the capacity challenges in the TA programme. The introduction of a technical engagement step in 2018 sought to reduce the number of committee discussions for each topic from 1 to 2 by removing the need for an appraisal consultation document for many topics. However, over 70% of the topics that have been through the technical engagement step to date have required at least 2 committee discussions, which presents a significant resource pressure. As a result of this, and a 30% staff vacancy rate, it will not be possible to commit to holding the second committee meeting within 2 months of the first discussion and therefore the timeliness targets for non-cancer drugs will not be met. Meindert outlined the range of actions being explored to address this issue, including looking at the guidance given to committee chairs and ensuring clarity on the role and purpose of each stage in the process. The Board noted the current position and agreed that it would be helpful to receive a plan setting out options for mitigating these challenges in the medium term.

ACTION: Meindert Boysen

1. The Board noted the upcoming publication of the AAA guideline and discussed the potential response. It was suggested that it would be helpful to write to the advisory committee chairs to explain the exceptional circumstances around this guideline and to reaffirm the Board’s commitment to the independence of the advisory committees.

ACTION: Andrew Dillon

## NICE Connect (item 6)

1. Gill Leng updated the Board on the progress with the NICE Connect transformation and noted that the NICE Connect business plan is being finalised, and the expert groups, focused on the 2020/21 outcomes and deliverables, are up and running. An external engagement group is in place and a staff engagement strategy is in preparation. Gill highlighted the programme governance, which will be subject to an internal audit review.
2. Meindert Boysen noted that the outstanding elements of the CHTE 2020 programme have been subsumed into NICE Connect under the process, methods and analytics expert group.
3. Alexia Tonnel highlighted that CapGemini have been engaged to advise on the strategy for a digital workplace, which is central to the internal transformation.
4. The Board noted the update and the work underway.

## Business plan 2020/21 (item 7)

1. Andrew Dillon presented the draft business plan for 2020/21 for the Board’s review and comment. Subject to any comments from the Board in this discussion and subsequent feedback from the DHSC sponsor team, the plan will be presented to the March public Board meeting for final approval.
2. The Board commented on the draft business plan and it was suggested that the strategic context section should be reviewed to ensure an external focus and greater reference to the implications of the move to Integrated Care Systems and NICE’s role in evaluating digital health technologies. It was suggested the benefits of NICE Connect for users of NICE’s output should be strengthened.

ACTION: Andrew Dillon and Gill Leng

1. The impact of NICE’s guidance was discussed and there was a suggestion to look at the impact of this on the research agenda. Gill Leng noted this could potentially be something for the newly created director of science, evidence and analytics to look at when in post.

## Risk register 2020/21 (item 8)

1. Andrew Dillon presented the risk register setting out the risks to the delivery of the proposed business objectives in the draft 2020/21 business plan.
2. The Board reviewed the risk register and agreed that:
	* Risk 04/20 should be updated to reflect the potential impact of a Coronavirus pandemic on NICE’s ability to produce guidance.
	* The mitigations and assurance for risk 08/20 relating to the commitments in the 2019 voluntary scheme should be reviewed and updated.
	* Risks to the financial position should be added.

ACTION: Meindert Boysen and Catherine Wilkinson

## Committee chair update (item 9)

1. Dr Peter Groves, chair of the Medical Technologies Advisory Committee, gave a presentation on the Committee’s work. He outlined the aims of the medical technologies evaluation programme and the arrangements for selecting topics for the committee’s consideration. Dr Groves noted that the committee has produced 13 pieces of medical technologies guidance (MTGs) since August 2017, 9 of which supported the case for the technology’s use. These positive recommendations cover a diverse range of indications and uses, with benefits for both individual patients and the wider health and care system. It is estimated that full adoption of the 9 technologies would benefit more than 1 million people and save over £61m a year. Dr Groves highlighted upcoming developments, including funding to expand the programme, a funding mandate for selected recommendations, and a role in evaluating digital health technologies following a recent pilot.
2. The Board discussed the issues raised in the presentation, in particular the topic selection process. The benefits from the full adoption of existing MTGs was noted and there was a question as to whether NICE or other organisations could proactively identify topics on the basis of the scope to deliver the greatest savings or other benefits to the health and care system. It was noted that while there is not currently capacity within NICE for this, the Accelerated Access Collaborative and the local Academic Health Science Networks both have a role in signalling demand for innovations. It was suggested that the new director for science, evidence analytics could increase NICE’s capacity to review data and proactively identify technologies for evaluation. In addition, it was noted that the topic selection arrangements will be important in ensuring NICE can effectively evaluate digital health technologies.
3. On behalf of the Board, Tim Irish thanked Dr Groves for his presentation and the Committee’s work.

## Commercial and managed access function (item 10)

1. Carla Deakin, programme director for commercial and managed access in the Centre for Health Technology (CHTE) briefed the Board on the function’s rationale, establishment and ongoing activities. A key activity is to liaise with colleagues in NHSE/I and NICE’s guidance producing teams in the CHTE to help facilitate timely patient access to new technologies. The function’s outputs include developing commercial briefing notes, managed access agreements, and patient access schemes. Other highlights include contributing to and shaping NHSE/I’s commercial framework for medicines, working with NHSE/I and DHSC on the development of the innovative medicines fund, and driving interaction with the Competition and Markets Authority on combination therapies.
2. The Board noted the work to date and the further planned activities to facilitate this complex interface between NICE, NHSE/I, DHSC and the life sciences sector.

## Any other business (item 11)

1. None.

## Date of the next meeting

1. The next Board strategy meeting will be on Wednesday 22 April 2020 in Bollin, NICE Manchester office.