**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

# Minutes of the Board Strategy Meeting

21 August 2019 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** Sir David Haslam

Professor Sheena Asthana

Professor Martin Cowie

Elaine Inglesby-Burke

Professor Tim Irish

Tom Wright

**Executive Directors** Sir Andrew Dillon

Ben Bennett

Professor Gillian Leng

Alexia Tonnel

**Directors in attendance** Meindert Boysen

Paul Chrisp

Jane Gizbert

**In attendance** Dr Jane Adam

Dr Peter Groves

Dr Peter Jackson

Dr Mark Kroese (items 1 to 6)

Professor Bee Wee

Dr Phil Alderson (for item 8)

Mirella Marlow

David Coombs (minutes)

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

1. Apologies were received from Professor Angela Coulter and Dr Rima Makarem.

## Declarations of interest (item 2)

1. None.

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

1. The minutes of the Board strategy meeting on 19 June 2019 were agreed as a correct record.

## Matters arising (item 4)

1. Andrew Dillon stated that it is not currently felt to be the right time to bring back a revised proposal for the NICE Foundation, and noted that the other actions from the Board strategy meeting on 19 June 2019 were complete.

## Chief Executive’s update (item 5)

1. Andrew Dillon updated the Board on recent developments. He noted that:

* Permission has been granted to proceed with the Judicial Reviews challenging NICE’s draft final guidance on cerliponese alfa, with the hearing scheduled for 16 and 17 October. He noted that NICE has not yet published its final guidance, and the Highly Specialised Technologies Evaluation Committee is due to consider the topic at its next meeting following further commercial negotiations between the company and NHS England.
* NICE’s decision to route sapropterin for phenylketonuria through the standard technology appraisal (TA) rather than the highly specialised technologies (HST) process is also subject to a potential Judicial Review. A decision by the Court about whether the claim can be heard has not yet been made. If it is, the hearing would not be until February or March 2020, which is about the time the appraisal is due to begin.
* NICE has agreed to a request from the World Health Organisation (WHO) to reuse the evidence reviews that underpin NICE’s antimicrobial prescribing guidelines to produce co-badged NICE and WHO guidance on optimal dose and duration of antibiotic treatments.
* At the end of month 4, there is a £800k financial underspend. The year-end forecast is to breakeven, taking account of funding for NICE Connect, TA expansion, and office and IT infrastructure improvements. Income from charging for the TA and HST programmes is ahead of plan, due to the number of topics that have commenced. This means that the level of transition support required from the Department of Health and Social Care (DHSC) is likely to be lower than envisaged at the start of the year.
* The Board strategy away-day in October will be used to consider the plans to take the NICE Connect project forward, following the Board’s review of the business case at the September Public Board meeting.
* Kevin Harris, Consultant Clinical Adviser for the Interventional Procedures Programme, has been appointed as NICE’s patient safety lead. This new role aims to improve the coordination of NICE’s activities and responses to patient safety matters as they arise, and to proactively seek to improve NICE’s responsiveness on patient safety.

1. The Board noted the update

## Committee chair update (item 6)

1. Dr Mark Kroese, chair of Diagnostics Advisory Committee, gave a presentation on the Committee’s work noting its evolving role. He highlighted that the assessment framework is focused on the diagnostic and care pathway, with specialist lay and non-lay members appointed for each topic. The programme works closely with the Accelerated Access Collaborative (AAC), who have selected three pieces of the committee’s guidance for accelerated uptake; also two topics have been included in the Genomic Medicine Service commissioned by NHS England. Dr Kroese highlighted the intention in the NHS Long Term Plan to further increase guidance in this area, including to support tailored treatment and assessing individual risk. He noted that the programme’s methods and processes will be refreshed as part of the CHTE review, and thanked the programme team for their support.
2. On behalf of the Board, David Haslam thanked Dr Kroese for his presentation and the Committee’s work. Board members suggested that it would be appropriate to consider changing the Committee’s name given its evolving and expanding role beyond diagnostics.

## Reputation research report (item 7)

1. Moya Alcock, Associate Director, Corporate Communications, presented the findings of the reputation research project undertaken between January and April 2019 by NICE’s Audience Insights team and Populus, a market research agency commissioned to conduct the research.
2. The survey indicates that stakeholders have a strong, positive perception of NICE as an organisation they trust, respect, see as responsible and feel an affinity towards. Other audiences also hold positive perceptions, but lower awareness and engagement with NICE drives lower intensity scores. Moya outlined the positive aspects of the findings, and the areas for improvement that include enhancing the accessibility of NICE’s guidance and stronger engagement across health and social care. The next steps will be to disseminate the findings across NICE, feed these into the NICE Connect project as part of the work to identify user needs, look at ways to further promote the NICE brand, and explore ways to improve implementation activities and support in the bi-annual implementation study.
3. In response to a question from the Board, Moya stated that the reputation scores are broadly consistent with the last survey but are not directly comparable due to changes in the methodology.
4. Board members welcomed the largely positive findings and welcomed the proposed next steps. In particular the Board noted that the findings support the aim of the NICE Connect transformation project to improve the visibility and accessibility of NICE guidance. The project will also help join up NICE’s guidance across health, public health and social care, which is an area for improvement noted in the survey. The Board supported the intention to look at what further activities can be undertaken to increase the implementation of NICE’s guidance, learning from instances where guidance has had greatest impact.

## Strength of recommendations: evidence, uncertainty, clarity and consistency (item 8)

1. Paul Chrisp presented the paper that provided an update on the work of a cross-institute project that has considered how NICE should communicate its recommendations, reflecting how certain it is that implementing a recommendation will do more good than harm and be cost effective. Phil Alderson, Clinical Adviser in the Centre for Guidelines, explained the guidelines programme’s current approach of using ‘offer’ and ‘consider’ to denote ‘strong’ and ‘weak’ recommendations respectively. User research indicates this is not however readily understood, and a range of approaches are in place across NICE, reflecting the different audiences for, and intended uses of, NICE guidance.
2. Phil Alderson highlighted that the project group has considered a range of options, but there is no single clear solution. For example, removing all ‘weak’ recommendations could lead to gaps in the care pathway and remove helpful recommendations; while removing the distinction between strong and weak recommendations could give a misleading impression of the strength of the underpinning evidence. An option could be to add symbols or letters to indicate the strength and quality of the underpinning evidence, however there is no immediately transparent system.
3. The Board discussed the work undertaken to date and agreed there is a need to look at this further given the terms ‘consider’ and ‘offer’ may not be easily understood across the diverse audience for NICE’s work. The Board therefore supported the proposal to continue to explore how NICE should communicate the degree of certainty that recommendations will do more good than harm and be cost effective, recognising the different audiences and uses of NICE recommendations. There was support for the proposal to invest in further research to assess the impact of wording and presentation of recommendations, and it was suggested this could draw on the work undertaken in other sectors to visually present information, including through ‘RAG’ ratings and other grading systems. It was noted that the wording of NICE’s recommendations can have medico-legal implications, and so this issue requires careful consideration.
4. The Board requested an update on this work once the research has been undertaken and further proposals are available.

ACTION: Paul Chrisp and Gill Leng

## NICE Connect (item 9)

1. Gill Leng provided a brief update on the NICE Connect project and noted that the report to the September Board meeting will include the rationale and vision for the future, along with the resource requirements and proposals for managing the transformation. The resource requirements are currently being refined, but given the scale of the transformation programme, will likely entail about 40 staff. Following the September Board meeting, the October Board strategy away-day will provide further opportunity to discuss the next steps.
2. Gill Leng outlined the arrangements for the ‘hackathon’ in September in which two teams will dive into the issues at the heart of NICE Connect and review how content is structured, making suggestions for the future. Board members noted that NICE Connect seeks to deliver improvements for NICE’s external audience, and highlighted the importance of external challenge in the hackathon teams. Gill stated that she would look at how to incorporate this.

ACTION: Gill Leng

## EU exit (item 10)

1. Meindert Boysen gave a presentation that reminded the Board of NICE’s arrangements for preparing for a potential ‘no deal’ EU exit. NICE is actively engaged in DHSC meetings; there is an internal oversight group; EU exit is a standing item at the weekly Senior Management Team meetings; and the Board reviews the ‘no deal’ risk register each month. Meindert outlined NICE’s preparations in each of the key areas, including staffing, regulation, income and data. He highlighted the changes to the ‘no deal’ risk register since it was reviewed by the Board last month. Two risks have been added, relating to the recertification of medical devices and in vitro diagnostic devices. Meindert anticipated these would be given a lower risk rating following further discussions with the Medicines and Healthcare products Regulatory Agency (MHRA).

## Any other business (item 11)

1. Andrew Dillon advised the meeting that he will be standing down as NICE’s Chief Executive at the end of March 2020. He stated that it has been a privilege to lead the organisation for what will be 21 years and stated that the process to appoint his successor will commence shortly.
2. David Haslam paid tribute to Andrew’s outstanding contribution and outlined the proposed process for appointing a new Chief Executive which was discussed by the Remuneration Committee earlier today. The Committee agreed the salary for the role, which now requires approval from the DHSC Remuneration Committee. David noted that the appointment is made by NICE’s Non-Executive Directors but requires approval from the Secretary of State. The job description, person specification and timetable, agreed by the Remuneration Committee, would be circulated to the Board.

ACTION: Andrew Dillon

## Date of the next meeting

1. The next Board strategy meeting will be on Wednesday 16 October 2019 in the Prince of Wales suite, 10 Spring Gardens, London (Board strategy away-day).