**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Minutes of the Board Strategy Meeting  
18 December 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

Dr Rima Makarem

Tom Wright

**Executive Directors** Sir Andrew Dillon

Professor Gillian Leng

Alexia Tonnel

**Directors in attendance** Meindert Boysen

Paul Chrisp

Jane Gizbert

**In attendance** Dr Amanda Adler

Ralph Bagge

Dr Thomas Clutton-Brock

Dr Peter Jackson

Professor Daniel Keenan

Dr Mark Kroese

Norma O’Flynn

Dr Nick Crabb

David Coombs (minutes)

Danielle Mason (for item 7)

Catherine Wilkinson

Dr Paul Atkinson (for item 3)

Professor Sally Sheard (for item 3)

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

1. Apologies were received from Professor Tim Irish and Ben Bennett.

# Declarations of interest (item 2)

1. None.

# History of NICE project (item 3)

1. Dr Paul Atkinson and Professor Sally Sheard from the University of Liverpool joined the meeting to give an overview of the NICE related elements of the Governance of Health research project they are undertaking through a Wellcome Trust grant. This aspect of the project will include looking at NICE’s establishment; its engagement with the public, patients and stakeholders; past tension points; and the international implications of NICE’s work. It will entail interviews with approximately 50 people, analysis of archival materials, witness seminars and focus groups exploring public perceptions of NICE. The planned outputs include a book, journal articles, witness seminar transcripts, and a contribution to a wider exhibition on medicine and politics. Paul briefly outlined some of the emerging themes in the initial interviews which have largely been with people who have either worked for, or closely with, NICE.
2. Board members thanked Paul for the update. It was suggested that it would be helpful for the research team to seek a range of viewpoints on NICE’s work including journalists who have been more critical of NICE. Also to speak to current health and social care practitioners and people involved with the Royal Colleges past and present to see how views towards NICE may have changed over time. The Board agreed it would welcome a further progress update on the project at a suitable point in the future.

# Minutes of August 2019 Board strategy meeting (item 4)

1. The minutes of the Board strategy meeting on 21 August 2019 were agreed as a correct record.

# Matters arising (item 5)

1. The Board noted that:
   * Consideration of how to present NICE’s guidance recommendations will be taken forward as part of the methods, process and analytics workstream of NICE Connect.
   * The NICE Connect ‘hackathon’ went well and another session is planned.
   * The actions relating to the Chief Executive recruitment were completed and the appointment process remains underway.

# Chief Executive’s update (item 6)

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

* NICE is working with NHSX to explore the scope for regulatory alignment between the Arms’ Length Bodies (ALBs) on artificial intelligence and digital health technologies, and also to consider NICE’s role in evaluating digital health technologies.
* The end of the general election purdah period will hopefully enable the chair appointment process to conclude.
* The business planning process for 2020/21 is currently underway, with the intention of the Board reviewing the draft business plan in February before approving the plan at the March public Board meeting.
* NHS England/Improvement (NHSE/I) is currently consulting on proposals for a MedTech funding mandate. In principle, this would be a positive initiative that seeks to encourage adoption of selected NICE recommended technologies. NICE will be providing feedback to NHSE/I on how the proposals could be refined.
* The Conservative manifesto included a commitment to expand the cancer drugs fund beyond cancer drugs so it becomes an ‘innovative medicines fund’.
* Meetings are being arranged with each of the NHSE/I regional directors to discuss how NICE can support their work. In addition, a delegation of senior staff are visiting Belfast in the new year to meet with senior figures in the Northern Irish health and care system.

1. The Board noted the update

# NICE Connect (item 7)

1. Jane Gizbert and Danielle Mason presented the suite of videos that have been developed to outline the vision and ambition for NICE Connect to stakeholders and staff. The main video illustrates the need for change and the nature of the improvements NICE intends to make in the development and presentation of guidance. It is supported by four short video clips of stakeholders and guidance-users talking to camera about their experiences of using NICE guidance now, and how NICE Connect could benefit them in the future. Further filming is planned in January to produce short videos that capture the views of representatives from the pharmaceutical industry, social care, and general practice.
2. Board members supported the videos prepared to date. It was highlighted that the flowchart on care pathways in the main video should be amended to reflect that the majority of healthcare takes place outside of a hospital setting. Board members also highlighted the scope to broaden the focus of the videos from healthcare and ensure the interviewees are drawn from a diverse background. Subject to these comments, the Board supported the proposed approach to disseminating the videos.

ACTION: Jane Gizbert

1. Gill Leng then gave a brief update on the NICE Connect project more generally. She noted that a recent discussion with the Chief Medical Officer identified the scope for hosting NICE’s work on an NIHR journal. This will be explored further and a paper brought to the Board as appropriate. The remaining aspects of the CHTE 2020 transformation programme have now been incorporated into the relevant NICE Connect taskforces, and thought continues into the best approach for providing external challenge through a ‘red team’. Gill summarised the three work areas in the operational productivity workstream and the planned activities in relation to timelines, contacts data, and business processes between January and March 2020.

# Centre for Health Technology Evaluation topic selection (item 8)

1. Meindert Boysen gave a presentation that outlined proposed changes to the topic identification, selection and routing process in the Centre for Health Technology Evaluation (CHTE). In summary, the proposal is to consolidate and align topic selection practice for the medical technologies evaluation, diagnostics assessment, technology appraisals, highly specialised technologies, and interventional procedures programmes. Drugs for HIV and haemophilia, and digital health technologies, including artificial intelligence, would be added to the eligibility criteria. With changes also to the selection criteria and routing criteria, along with a single topic selection panel. Meindert highlighted that in order to maximise operational efficiency, there is a suggestion to route a topic to a committee according to the nature of the technology rather than the type of guidance output – for example, the medical technologies advisory committee could be asked to produce a technology appraisal on a medical device.
2. Board members briefly discussed the proposals and no significant concerns were raised. The merit of routing topics based on the type of technology rather than type of guidance was noted, however it was highlighted that this would be a change to long standing practice in which technology appraisals are solely produced by the technology appraisal committees. It was agreed that the proposals should be discussed with the Department for Health and Social Care (DHSC) before they are brought back to the Board more formally, so the Board can be advised of the DHSC’s support. In addition, the implications for the technology appraisal cost recovery arrangements should also be considered.

ACTION: Meindert Boysen

# Strategic ambitions and risks (item 9)

1. Andrew Dillon presented the document that set out the strategic ambitions for 2020-24 and the risks to these.
2. The Board reviewed the document and agreed to add a risk about the upcoming change in NICE’s leadership, and other minor amendments including to strengthen the mitigation to the risk of failing to influence social care organisations.

ACTION: Andrew Dillon

1. Peter Jackson, chair of the Highly Specialised Technologies Evaluation Committee, suggested the document should reference the risk of the advisory committees failing to attract and retain sufficient expertise, given the centrality of the committees to NICE’s work. Gill Leng stated that the Senior Management Team had considered this issue and felt this was not currently a strategic risk.

# EU exit (item 10)

1. Meindert Boysen presented the risk register for a ‘no deal’ EU exit, noting this remained unchanged from the version presented to the Board in November. He briefed the Board on yesterday’s meeting between the DHSC and the ALB chief executives on EU exit, and noted that the ‘no deal’ preparations are being stood down, with the end of the transition period on 31 December 2020 the new key milestone.
2. The Board noted the update and agreed the risk register should be updated and retitled to reflect the revised focus of EU exit planning and the anticipated ratification of the withdrawal agreement.

ACTION: Meindert Boysen

# Any other business (item 11)

1. Andrew Dillon paid tribute to David Haslam, thanking him for his leadership to the Board, and his support, advice and direction to both himself and wider Senior Management Team.
2. The Board then held a part 2 meeting, attended by the Board and Senior Management Team.

# Date of the next meeting

1. The next Board strategy meeting will be on Wednesday 26 February 2020 in Derwent, NICE London office.