**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

# Minutes of the Board Strategy Meeting

Wednesday 16 December 2020 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.

## Present

**Non-Executive Directors** Sharmila Nebhrajani

Dame Elaine Inglesby-Burke

Professor Tim Irish

Dr Rima Makarem

Tom Wright

**Executive Directors** Professor Gillian Leng

Meindert Boysen

Paul Chrisp

Jennifer Howells

Alexia Tonnel

**Directors in attendance** Jane Gizbert

Felix Greaves

Judith Richardson

**In attendance** Professor Thomas Clutton-Brock

Professor Peter Groves

Dr Ann Hoskins

Dr Peter Jackson

Dr Norma O’Flynn

Vanessa Nunes

David Coombs (minutes)

Professor Jo Rycroft-Malone (item 3)

Moya Alcock (item 3)

Rachel Neary-Jones (item 3)

Helen Knight (item 7)

Ian Watson (item 7)

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

1. None.

## Declarations of interest (item 2)

1. Sharmila Nebhrajani noted that she has been appointed as a non-executive director of ITV Plc and asked that the register of interests is updated accordingly.

ACTION: David Coombs

1. It was confirmed there were no conflicts of interest relevant to the meeting.

## Implementation deep-dive (item 3)

1. Judith Richardson opened the Board’s ‘deep-dive’ into NICE’s approach to implementation and outlined the evidence-based implementation strategy, the current challenges, and the drivers for change. Jo Rycroft-Malone, chair of NICE’s Implementation Strategy Group, explained the group’s role advising NICE on the latest evidence base for implementation. It also helps support the development of resources such as the implementation toolkit and suggests areas for focus. Persistent themes discussed at the group include the need for clarity over NICE’s role in implementation, the importance of partnerships, the most effective use of resources, and how to measure impact. Moya Alcock and Chris Connell outlined examples of engagement at the national, regional, and local levels to promote the implementation of NICE’s guidance, and highlighted common themes in successful engagement.
2. Judith Richardson concluded the presentation by outlining the proposal to refresh the implementation strategy to reflect the changes in the external landscape and NICE’s new strategy, including the move towards dynamic living guidance; to re-align resources and expertise to support NICE’s national engagement and partnerships; and rationalise activities to focus on where there is demonstrable impact.
3. The Board members and committee chairs reflected on the issues raised in the presentation and NICE’s role in implementation more generally. The discussion noted the importance of working with the Royal Colleges and partners to promote the implementation of NICE’s guidelines, while recognising the need for discretion at the local level when taking decisions on individual care. There was strong support for considering implementation issues at the outset of guidance development, noting this is currently part of the med-tech guidance development process. Current and past committee members’ role in helping promote NICE guidance was highlighted, and it was suggested NICE could potentially do more to utilise this resource of ‘champions’. The transformative role of technology was highlighted, with a recommendation to use this to increase engagement with individual patients and service users, including for example by seeking to embed NICE guidance in software used by clinicians and individual patients/service users. There was encouragement for NICE to work with Integrated Care Systems, promoting guidance as a valuable resource at the interface of adult social care and health services.
4. The Board gave general support for the proposed next steps summarised at the end of the presentation and highlighted the importance of comprehensively reviewing and refreshing the implementation strategy in light of NICE’s new 5 year strategy and the points raised in today’s discussion.

ACTION: Judith Richardson

## Minutes of August and October 2020 Board strategy meetings (item 4)

1. The minutes of the Board strategy meeting held on 19 August 2020 were agreed subject to clarifying in paragraph 22 that the proposals in the methods review apply across all 4 of NICE’s health technology evaluation programmes.

ACTION: David Coombs/Meindert Boysen

1. The minutes of the Board strategy meeting held on 21 October 2020 were agreed as a correct record.

## Action log (item 5)

1. The Board noted the update on the actions from previous Board strategy meetings and confirmed that those marked ‘completed’ could be closed. It was agreed that each action should in future be numbered for ease of reference.

ACTION: David Coombs

1. Jennifer Howells noted that the Department for Health and Social Care (DHSC) has been advised of its financial allocation for 2021/22, but NICE is unlikely to be informed of its allocation until later in January.

## Chairman’s remarks (item 6)

1. Sharmila Nebhrajani provided an oral update on the recruitment of the new non-executive directors (NEDs). The appointments panel has submitted its recommendations for Ministerial approval, but the timescale for confirming the appointments is not yet known. In the interim, it is proposed to appoint a medical adviser to the Board until a medically qualified NED takes up post.
2. Sharmila Nebhrajani gave a brief update on recent meetings with stakeholders, including NHS England & Improvement (NHSE&I), representatives of Royal Colleges, parliamentarians and the life sciences industry, where issues raised included their hopes for the soon to be launched new strategy for the organisation and the methods review; a desire for NICE to be more active in the assessment of digital health technologies; and the extent NICE could broaden its focus to consider wider societal value. It was noted that this latter issue may be a topic to consider as part of the new approach to deliberative public engagement agreed at the November public Board meeting.
3. The Board noted the update and supported the proposal to appoint a temporary medical adviser to the Board.

ACTION: Sharmila Nebhrajani

## Chief Executive’s update (item 7)

1. Gill Leng briefed the Board on a range of recent developments and topical issues including: the renaming of the Senior Management Team (SMT) as the Executive Team to better reflect its strategic leadership role; the publication of NICE’s latest COVID-19 guidance; current and potential judicial reviews involving NICE; and the work to identify a software platform to take forward NICE’s ambition for dynamic, living guidelines. On this latter point, Gill noted the piloting of a range of different technologies in the past and highlighted the need to quickly review the available products and then move forward with a preferred technology to start to deliver the new strategy. It was noted that a single tool is unlikely to fully meet NICE’s requirements and therefore the scope to bring together different technologies will be explored. There was strong desire from the Board to make progress quickly on this issue and broad encouragement to look at how NICE’s processes may need to change to enable the use of existing platforms, rather than seeking to design a new tool to accommodate NICE’s current processes.
2. Gill Leng and Meindert Boysen briefly updated the Board on the feedback from the first stage of the consultation on the health technology evaluation methods review. No major concerns have been raised to date, with the next phase of the review – that will look at how to implement the changes – likely to be of key interest to stakeholders. It was agreed that an overview of the main themes in the feedback from key stakeholders in the first stage consultation should be provided to the morning session of the January Board meeting.

ACTION: Meindert Boysen

1. Alexia Tonnel briefed the Board on the refinement of the business case for investment in a digital workplace, to address the feedback from the Board in September. Following external input from a range of sources, it is now proposed to bring forward the scoping, planning and benefits work of the original ‘foundational phase’ and some technical work to start in January 2021, and feed this into a revised business case for long term investment that would come back to the Board later than envisaged – potentially April. This would maintain progress with the transformation, while ensuring alignment with the strategic vision and prioritisation of investment within the available resources. Targeted external input is also proposed to support this work.
2. Sharmila Nebhrajani noted NICE’s involvement in the DHSC’s planning for the end of the EU exit transition period and highlighted the action from the August Board strategy meeting to consider NICE’s role in mitigating the risks to the health system from EU exit. Gill Leng stated that the key risk for the health system relates to medicines supply, and while NICE has a limited role in addressing this, the organisation has been liaising with DHSC and NHSE&I to consider how NICE guidance can provide advice on alternative medicines in the event of supply issues. On this basis, it was agreed that the action from the August Board meeting could be closed.
3. Gill Leng concluded by highlighting the positive feedback from Lord Bethell, NICE’s sponsoring Minister, on the Institute’s work over the last year. Board members echoed these thanks, noting NICE’s response to the challenging circumstances and ongoing progress with its transformation.

## Future arrangements for Board meetings (item 10)

1. Gill Leng outlined proposed changes to the format and structure of the Board meetings, to take effect in 2021, including restarting face to face meetings, holding ‘board to board’ meetings with key ALB partners, and a new 6 monthly meeting for all of the committee chairs.
2. The Board supported the proposed changes and agreed that the resumption of face-to-face Board meetings should be deferred until the new NED appointees are in place and the COVID-19 situation enables such meetings.
3. The committee chairs present gave positive feedback on the proposal to bring together all of the committee chairs on a 6-monthly basis, noting this would provide the opportunity for broader engagement than the current arrangements by which chairs attend the strategy meetings on a rota basis. The need to ensure appropriate linkage between the Board and this new 6-monthly meeting was highlighted.

## Strategic update (item 8)

1. Gill Leng updated the Board on the development of NICE’s new strategic plan and outlined the key activities over the coming months, with a view to publishing the plan in April. Paul Chrisp updated the Board on the new approach to guidelines, which would simplify, streamline, and speed up guideline development and updates, and focus on prioritised topics. Meindert Boysen and Felix Greaves outlined NICE’s proposed ambition and role in relation to digital health technologies. In addition to NICE’s core role of evaluating the value of digital health technologies and managing their introduction, NICE intends to have a wider leadership role, working with others on regulatory pathways, ‘thought leadership’, topic selection, and payment and access models. An Office for Digital Health will be established within NICE to coordinate activities internally, and across ALBs and industry.
2. The Board supported the vision around dynamic, living guidelines and the ambition and proposed role in relation to digital health technologies, noting both are key planks of NICE’s new strategy. Bearing in mind the needs of the system and the fact that NICE Connect had been some time in development, Board members highlighted the need for clarity over what actions can be delivered quickly, and which will take longer. It will be important to both deliver actions that meet the system’s immediate needs, while also planning the actions that will take longer to implement. Ongoing and regular feedback from stakeholders on the new approaches to guidelines and digital health technologies should be sought, and fed into the ongoing iteration of the strategy. Board members highlighted the need for the strategy to consider NICE’s own digital transformation; the approach to implementation; and the ambitions for evaluating advanced therapy medicinal products (ATMPs). Information on specific deliverables, for example the number of digital health technologies that will be subject to formal evaluation, was also requested. Gill Leng thanked the Board for the feedback and stated that the annual business plan will set out the specific actions and deliverables for 2021/22.
3. Jennifer Howells updated the Board on the commissioning of South, Central & West Commissioning Support Unit (SCWCSU) to undertake a review of NICE’s organisational design. Board members will have the opportunity to input into the review, which aims to conclude with the consultants presenting their findings and options to the February Board Strategy meeting. The Board welcomed the work and the broader focus beyond the organisational structure.

## The committee chairs and guideline centre representatives then left the meeting.

## Any other business (item 11)

1. Meindert Boysen, on behalf of SMT colleagues, paid tribute to Gill Leng for her impact since becoming Chief Executive on 1 April 2020. Sharmila Nebhrajani likewise thanked the SMT for their achievements in a challenging time.

## Date of the next meeting

1. The next Board strategy meeting will be Thursday 25 February 2021, via Zoom.