**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 22 July 2022 at 2 Redman Place, Stratford and 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. 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

Professor Gary Ford Non-Executive Director

Dame Elaine Inglesby-Burke Non-Executive Director

Alina Lourie Non-Executive Director

Professor Bee Wee Non-Executive Director (item 7 onwards)

Dr Justin Whatling Non-Executive Director

Dr Sam Roberts Chief Executive

Dr Paul Chrisp Centre for Guidelines Director

Jennifer Howells Finance, Strategy and Transformation Director

## Directors in **attendance**

Mark Chapman Interim Director of Medical Technology and Digital Evaluation

Nicole Gee Interim Chief People Officer

Dr Felix Greaves Science, Evidence and Analytics Director

Helen Knight Acting Interim Director of Medicines

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Nick Baillie Acting Programme Director, Health and Social Care

Danielle Mason Deputy Communications Director

Alison Liddell Deputy Digital, Information and Technology Director

Deborah O’Callaghan Associate Director, Field Team

Helen Lovell Deputy Director, Medicine Regulation and Prescribing, Department of Health and Social Care

## Apologies for absence (item 1)

1. Apologies were received from Alexia Tonnel, Jane Gizbert and Judith Richardson.
2. Sharmila Nebhrajani welcomed Helen Lovell to the meeting and explained that a member of NICE’s sponsor team at the Department of Health and Social Care (DHSC) has been invited to attend NICE’s formal Board meetings, similar to other health arms length bodies. The rationale is to help provide a perspective from the department and broader government to the meeting, and raise awareness of the Board’s discussions at the DHSC. The attendee will be able to contribute to any of the discussions but they are not formally part of the Board and therefore will not have a vote if one is ever needed.

## Declarations of interest (item 2)

1. Sharmila Nebhrajani noted 3 changes to her interests: she had ceased to be a trustee at Glyndebourne Productions Ltd, will be standing down from her role at National Savings and Investments shortly, and will be joining the General Council of the University of Oxford, which is an unremunerated post. Gary Ford noted that he had participated in a Kings Fund workshop sponsored by Daiichi Sankyo and Edwards Lifesciences. The register of interests would be updated accordingly. These and the directors’ previously declared interests recorded on the register of interests 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 meetings held on 25 May 2022 and 16 June 2022 were agreed as correct records.

## Action log (item 4)

1. The Board noted the progress with the actions arising from the public Board meeting on 25 May 2022 and those open from preceding meetings, as set out in the action log. The actions marked closed on the log were confirmed as complete.
2. In addition, it was noted that:
   * An update on hybrid working would be provided when the current consultation with staff on pre-existing homeworking contracts has concluded.
   * Data on terminated technology appraisals is being analysed and will come back to the Board, potentially in September.
   * Information on the long-term funding arrangements for the Innovative Licensing and Access Pathway (ILAP) will come back to the Board towards the end of the calendar year.

## Update from the Department of Health and Social Care (item 5)

1. Helen Lovell introduced herself to the Board and explained the remit of her role as Deputy Director for Medicine Regulation and Prescribing at the DHSC. The sponsor team support Ministers with setting NICE’s objectives and holding NICE to account for delivery of these. The team also support the DHSC with Parliamentary interest in, and accountability of, NICE. Helen noted that Ministers hugely value NICE’s role in facilitating access to medicines and noted how NICE will help deliver the Government’s recently published women’s health strategy.

## Report from the Executive Team (item 6)

1. Sam Roberts introduced the Executive Team report to the Board, which provided an update on the business plan priorities and developments since the last Board meeting in May. Sam highlighted the progress with the work to develop digital living guidelines in a non-covid topic; to explore different approaches to technology appraisals to take account of the complexity of the topic; to provide an early value assessment of medical technologies; and to transform the way organisation works. Sam noted the close working with partners such as the DHSC and NHS England to deliver these priorities.
2. Colleagues from the Executive Team (ET) updated the Board on other areas of activity, including:
   * The launch of the real-world evidence framework following a consultation on the draft. This will be a living framework that NICE has committed to update by July 2023 in response to external feedback and engagement with guidance development teams across NICE.
   * The implementation of the new subscription style contracts for 2 new antimicrobial drugs following NICE’s innovative work in this area.
   * The upcoming updates of the menopause and fertility guidelines, and the review to determine whether to update aspects of the endometriosis guideline. These updates will contribute to the Government’s women’s health strategy and reflect the new coordinated approach to updating recommendations across a topic suite rather than focusing on existing discrete guidelines.
   * The launch of NICE’s updated British National Formulary and British National Formulary for Children websites to simplify their structure and further automate processing of regular updates from Pharma press.
   * NICE’s latest positive technology appraisal guidance for 2 breast cancer treatments, which means that NICE has made positive recommendations in all 15 technology appraisals of breast cancer medicines since March 2018.
   * The recent announcement on the format and structure of the COVID-19 public inquiry from its chair. NICE does not anticipate a significant role in the first 2 modules, with the third module, which is focused on healthcare, likely to be the most relevant of the inquiry’s initial work to NICE. Updates on NICE’s preparations will continue to be provided to the Board.
3. A question was asked how the updates of the women’s health guidelines will help address health inequalities. Paul Chrisp confirmed there will be an impact assessment as part of the guideline development process that would seek to identify any issues relating to inequalities.
4. The Board discussed the work on the real-world evidence framework and asked about the arrangements for addressing the feedback on the draft framework. Felix Greaves stated that some of the feedback has been used to refine the final version, for example to improve accessibility and clarity, while other aspects will be taken forward in the implementation, including training for committee members. Other issues will be considered in the planned future update. The Board encouraged a proactive approach to influencing discussions on data architecture so that NICE’s data access needs are taken into account. This could include engaging with the Professional Records Standards Body (PRSB) and vendors of electronic health records. The Board requested an update at a future meeting on progress with the framework, including what is working well, any challenges and learning, and the progress with wider engagement on securing access to real-world data.

Action: Felix Greaves

1. Subject to the above comments and action, the Board noted the report.

## Integrated performance report (item 7)

1. Jennifer Howells presented the integrated performance report, which provided an update on performance against the key performance indicators for the period 1 April 2022 to 31 May 2022, and a summary of progress with the objectives in the 2022/23 business plan. Jennifer noted that 1 business plan priority is rated green, and the other 3 amber. The majority of the guidance programmes expect to deliver the volume of outputs in the business plan, with the exceptions highlighted in the cover paper to the report. Jennifer stated that while the report noted the financial position at the end of month 2 was an underspend of £350k, month 3 experienced strong income, which has increased the underspend to £950k. In addition, the recently announced pay-award will be a smaller cost pressure than planned, which will further increase the underspend. The scope to accelerate non-recurrent expenditure in 2022/23 to support NICE’s transformation is therefore being explored.
2. Paul Chrisp updated the Board on progress with business plan priority 1, dynamic living guidelines, and noted the work with Mekon, a digital content consultancy, to explore how to make the content on the website interactive. A query was raised whether this will include user generated content. Paul Chrisp stated the work is shaped by feedback on the tasks users want to undertake and as part of this, there could be scope to explore if user generated content would be helpful. Board members highlighted the importance of integrating NICE’s recommendations into third party software used by clinicians and thinking about the skills that might be required to progress this work, including data scientists.
3. Helen Knight updated the Board on progress with business plan priority 2, proportionate approach to appraisal, and highlighted the 6 workstreams which are at different stages of development. Helen noted the positive engagement with industry and NHS England, and highlighted the experimental nature of the work, which may therefore experience setbacks.
4. Board members welcomed the positive position with income and asked whether this is likely to continue during the year, and also whether there is scope to further develop NICE’s income stream. Jennifer Howells stated that the finance team are collaborating closely with colleagues in the Centre for Health Technology Evaluation to track income and the expectation is that the income target for the technology appraisal and highly specialised technologies programme will be met and possibly exceeded. A new business development post has also been created in the Finance, Strategy and Transformation directorate to look at the scope for developing new income streams. It was agreed to provide further information to a Board seminar on the plans for further income generation.

Action: Jennifer Howells

1. The Board welcomed the additional information provided on turnover, leavers, and feedback from exit interviews. The Board discussed the data and noted the parts of the organisation that have experienced higher levels of turnover. Board members expressed concern about the data and highlighted that it is a corporate issue that requires input from the whole Board rather than an issue solely for the HR team. It was noted that the feedback highlights the importance of the wider actions underway as part of NICE’s transformation including culture, empowerment, and a new mandatory leadership development programme. The Board noted the challenging labour market for roles such as data scientists and highlighted the need to consider innovative approaches to attracting and retaining talent given the constraints on the remuneration that can be offered compared to the private sector. It was agreed that a key priority for the incoming substantive Chief People Officer will be to develop a talent management strategy, which should include NICE ‘growing’ talent through development opportunities and building links with universities to attract graduates and postgraduates – including those participating in the joint NICE and London School of Economic (LSE) Masters course. In addition to this longer-term approach, the Board highlighted the importance of looking at short-term challenges in specific teams and seeking to avoid further resignations due to workload pressures in areas with high vacancies. There was also encouragement to consider how the turnover rates can help with the transformation programme by ensuring NICE has the roles required to deliver the strategy. Helen Knight was asked to confirm when the first cohort of students are due to complete the NICE and LSE course.

Action: Helen Knight

1. Subject to the above comments and action, the Board noted the report.

## Medtech early value assessment (item 8)

1. Mark Chapman presented an overview of the work underway as part of business plan priority 3, early value assessment for medtech. Mark explained how the new assessment pathway differs from that currently in place, beginning with the topic selection process that seeks to utilise insights from a greater range of stakeholders. Having selected topics, the aim is to then provide an early value assessment within 6 months, which will enable risk assessed use of the technology while further real-world evidence is collected to inform NICE’s final recommendations. In summary, the aim is to provide quicker early value signals to the health and care system on promising medical technologies that address national unmet need; collect better evidence to inform clinical and long-term commissioning decisions; contribute to system wide productivity and efficiency; and provide earlier access for patients and a clearer pathway to market access for industry.
2. The Board noted the progress to date and that the draft methods and process are due next week, with the first technology to be considered by the relevant advisory committee next week. The Board endorsed the test and learn approach and the innovative nature of the work that is challenging traditional processes and ways of working.
3. Board members asked about the balance of technologies being considered; the challenges of data collection and implementation; and handling issues that fall outside of NICE’s remit such as data privacy and security. Mark Chapman explained that topics which are a priority for NHS England have been selected to help ensure data collection and implementation. While digital and diagnostic health technologies are the initial focus within the pilots, the programme can be used for the wider medical technology sector, including devices. Mark noted that NICE will need to work closely with partners on issues such as data privacy and security, and highlighted importance of compliance with the Digital Technology Assessment Criteria (DTAC).
4. The Board thanked Mark Chapman for the update and noted further updates will be provided through the reports on business plan delivery.

## Access to new medicines (item 9)

1. Helen Knight presented the slides that summarised various international comparative studies that provided data about NICE’s performance in facilitating access to new medicines. Helen highlighted that England’s rate of optimised recommendations is comparable to international peers and noted that NICE’s internal performance data, which excludes delays outside of NICE’s control, shows that in 2020/21, the average time from marketing authorisation to first NICE output was 1.5 months, and to final NICE output was 3.3 months. Helen highlighted how both the recently updated methods and process manual and the business plan priority on proportionate approach to appraisal will further support NICE’s work in facilitating access to new medicines.
2. The Board reflected on the factors that are required to enable a fast appraisal and timely recommendation from NICE, and discussed the data in the presentation that highlighted the scope for enabling further improvements in this area, including to ensure NICE receives the best value offer as early as possible. It was noted that less than a third of commercial deals were finalised in time for the first committee meeting and the proportion of topics going straight to a final appraisal document (FAD) has declined. The Board was therefore pleased to note that NICE is working with NHS England and industry to address these issues, including to work with industry to develop case studies of what has and has not worked well. There was also a suggestion from the Board to consider how the Innovative Licensing and Access Pathway (ILAP) can help address the challenges noted in the presentation.
3. Subject to the above comments, the Board noted the data and planned next steps.

## Annual report and accounts 2021/22 (item 10)

1. The Board received the final version of the 2021/22 annual report and accounts that were laid before Parliament on 14 July 2022 following approval by the Board on 16 June 2022.

## Modern slavery and human trafficking statement (item 11)

1. The Board approved an updated modern slavery and human trafficking statement for publication on the NICE website.

## Amendment to standing orders (item 12)

1. Sharmila Nebhrajani presented the proposed minor amendment to NICE’s standing orders to reflect a revised meeting cycle in which the Board will meet in public 5 times a year rather than 6 as now. The change in frequency seeks to ensure adequate time between Board meetings to advance business plan delivery and follows consideration of meeting frequency in other arms length bodies.
2. The Board approved the proposed amendment to standing order 48.

## Audit and Risk Committee minutes (item 13)

1. Alina Lourie, chair of the Audit and Risk Committee, presented the confirmed minutes of the committee’s meeting on 11 May 2022 and the unconfirmed minutes of the meeting held on 16 June 2022. Review of the annual report and accounts was a key item of business at both meetings, prior to the Board’s approval of the document on 16 June. The committee also reviewed the strategic risk register which will be updated in response to the committee’s feedback and discussed again at its next meeting in September.

## Any other business (item 14)

1. There was no further business to discuss.

## Next meeting

1. The next public meeting of the Board will be held on 22 September 2022 at 1:30pm.