**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting
held on 21 September 2023 at 2 Redman Place, Stratford and via Zoom

# Unconfirmed

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

Michael Borowitz Non-Executive Director

Mark Chakravarty Non-Executive Director

Jackie Fielding Non-Executive Director

Gary Ford Non-Executive Director

Alina Lourie Non-Executive Director

Justin Whatling Non-Executive Director

Sam Roberts Chief Executive

Jonathan Benger Chief Medical Officer and Interim Director of the Centre for Guidelines

Mark Chapman Interim Director of Medical Technology and Digital Evaluation

Helen Knight Director of Medicines Evaluation

Boryana Stambolova Interim Director, Finance

## Directors in **attendance**

Helen Brown Chief People Officer

Nick Crabb Interim Science, Evidence and Analytics Director

Jane Gizbert Communications Director

Alison Liddell Acting Digital, Information and Technology Director

Clare Morgan Director of Implementation and Partnerships

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Paul Chrisp Head of Products and Publishing

Naomi Lee Head of Organisational Transformation

Nicky Tyson Organisational Development and Equality, Diversity and Inclusion Consultant (item 7)

Jean Bennie Race Equality Network (REN) Co-Chair (item 7)

Kevwe Okoro Race Equality Network (REN) Co-Chair (item 7)

Geoff Ellison-Roberts NICE and Proud Network Chair (item 7)

Eleanor Donegan Disability Advocacy and Wellbeing network (DAWN) Chair (item 7)

Portia Dodds Disability Advocacy and Wellbeing Network (DAWN) Co-Vice Chair (item 7)

Dani Mason Women in NICE Network (WIN) Chair (item 7)

Jane Wright Women in NICE Network (WIN) Vice-Chair (item 7)

Kendall Jamieson Gillmore Associate Director, Strategy (item 7)

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

## Apologies for absence (item 1)

1. Apologies were received from Bee Wee.

## Declarations of interest (item 2)

1. The directors’ previously declared interests recorded in 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 meeting held on 19 July 2023 were agreed as a correct record.

## Action log (item 4)

1. The Board noted the progress with the actions arising from the public Board meeting on 19 July 2023 and those open from preceding meetings, as set out in the action log. The actions marked closed on the log were confirmed as complete.

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

1. Helen Lovell provided an update from the Department of Health and Social Care (DHSC) and noted that NICE’s business plan for 2023/24 had now received ministerial approval. Helen noted the considerable interest in the pipeline of promising new medicines, with new disease modifying treatments for dementia on the near horizon that will present challenges for the NICE evaluation process and potential NHS rollout, and continued interest in the new generation of weight loss medicines. Helen highlighted the MHRA’s recently published guidance on the arrangements for international recognition that will come into effect from January next year, and noted the ongoing work to ensure that the NICE and MHRA interface continues to work effectively to support patient access to safe and effective new medicines. Helen concluded by recognising NICE’s recent work in supporting the NHS to adopt promising new health technologies. In particular, the DHSC welcomed NICE’s Early Value Assessments on topics such as the role of AI in supporting radiotherapy treatment planning and digitally enabled weight management programmes, which pave the way for these technologies to be adopted by the NHS.

## Executive team update and integrated performance report (item 6)

1. Sam Roberts introduced the update from the executive team on progress with the transformation and business plan, and highlighted the key feedback from recent engagement with stakeholders in the health sector and life sciences industries on NICE’s transformation. In summary, the feedback indicated support for NICE’s direction of travel and interest in how NICE is supporting changes in the NHS including advice on technologies that facilitate self-care, and ensuring guidance is easy to use and accessible to a wider range of clinicians. Sam also highlighted the staff feedback on the transformation programme, which was generally positive, but identified areas for improvement including translating the high level plan into team plans and individual objectives.
2. Jonathan Benger summarised progress with the business plan objectives that seek to ensure NICE is focusing on what matters most, and noted that the draft prioritisation framework for a NICE-wide approach to topic selection has been developed and will be subject to internal and external consultation. The management of change process to establish the new early engagement function for industry is underway; while this means the income targets for 2023/24 will be challenging, it is felt that once the process is complete NICE will be able to position its services as a light-house brand, aiming to be a beacon for quality evidence and market access advice. In terms of guidance outputs, Jonathan noted that the guidelines programme is ahead of target and the quality standards programme is on track.
3. Mark Chapman summarised progress with the business plan objectives that seek to ensure NICE is providing useful and usable advice, including developing a new sitemap structure for the corporate website that will make it easier for users to find what they are looking for and simplify their journey into NICE guidance. Mark noted that the first wave of pilots on providing advice on classes of HealthTech are progressing, as is the proportionate approach to technology appraisal, with the first pathways delivered. However there have been some challenges around the recruitment of the faculties that will support the delivery of digital living guideline recommendations. Mark highlighted that the milestones are predominantly green as the delivery dates are in the future, but the executive team recognise the need for a more granular approach to reporting to ensure issues are identified and addressed at an early stage.
4. Clare Morgan summarised progress with the business plan objective that seeks to ensure NICE is constantly learning from data and implementation, and highlighted that data has now been collected to show uptake of the selected 8 quality standards and 6 groups of medicines, and analysis will soon commence. In relation to the engagement KPI, Clare noted the extensive work to identify the priority stakeholder organisations and assign NICE leads for key leaders within organisation.
5. In response to a question from the Board, Jonathan Benger explained how data will be used to inform surveillance decisions and provide insight into stakeholders’ priorities within the topic suites. It was agreed that further information should be provided to the Board at a suitable point on the learning from system intelligence in the context of living guidelines, including how often ‘living’ guidelines should be updated and what data is needed to drive these decisions.

Action: Jonathan Benger

1. In response to questions from the Board, Clare Morgan explained that the data on the uptake of the prioritised quality standards and groups of medicines has been collected and the next step is to look at what insights it can provide. Clare noted that the level of granularity varies across the data sources, with some data available at a more localised level. The Board requested a follow-up update at a suitable point on what data is currently available, the insights this provides, any gaps in the data, and how this approach to monitoring uptake could be rolled out more widely to other NICE guidance. There was also encouragement to liaise with organisations responsible for collecting the data to highlight the scope for addressing any gaps in data collection.

Action: Clare Morgan

1. In response to a question from the Board, Paul Chrisp confirmed that procurement of a content management system (CMS) has been deferred due to the need to first finalise the product and channel strategy as this will inform the requirements for the CMS. The decision also reflects the need to reprioritise expenditure in light of the financial position.
2. Helen Brown summarised progress with the business plan objective that seeks to build a brilliant organisation, and noted that due to the financial pressures the budget allocated for the work on the ‘NICE way’ has been reallocated and therefore the scope to deliver this differently is being explored. The activities around talent management are on track, including development for the senior leaders cohort, and all staff should soon have career conversations with their line managers. Helen noted the extensive work around staff engagement, in particular in relation to wellbeing and bullying and harassment, drawing on the data in the staff surveys. The proportion of ethnic minority staff also continues to increase.
3. Helen Knight provided an update from the technology appraisal (TA) and highly specialised technologies (HST) programme, which remains on track to deliver 110 outputs this year in line with the business plan. Helen highlighted the changes to the report to better demonstrate NICE’s progress in reducing the time taken to produce TA and HST guidance, and the factors that cause delays to guidance production. In response to questions from the Board, Helen explained that if NICE is notified of a topic at least 16 months ahead of GB marketing authorisation it will be classified as an ‘optimal’ topic, but it would then become a ‘divergent’ topic as soon as one of the factors set out in the report occur, such as the company not accepting the routing decision or technical engagement being required. Previously NICE required notification at least 24 months ahead of marketing authorisation, but due to improvements in NICE’s processes, NICE can meet its target for timely guidance with only 16 months’ notice. In response to a question about the impact of the international recognition scheme on cost recovery, Helen stated that this is something to consider in the longer-term and will not be part of the current charging review.
4. Jane Gizbert summarised the performance against the communications and engagement indicators and noted there were no issues of concern; the targets in relation to responding to complaints, freedom of information requests, and parliamentary questions are being met. The proportion of media coverage that is positive dipped in July due to a large number of neutral/balanced reports about 2 pieces of NICE guidance, but overall the target is on track for the year to date.
5. Boryana Stambolova provided an update on the financial position and stated that as reported to the last Board meeting, the current forecast is a deficit, primarily due to lower than planned income from the TA/HST programme and the additional cost pressure from the 2023/24 pay award. Mitigations include reallocating the strategic reserve and reviewing vacancies. It is also hoped that the DHSC will provide funding for the additional pressure from the pay award. Boryana noted that the position improved in August, which has reduced the forecast deficit, but this will remain an area of close focus, including managing vacancies and seeking to leverage funding from DHSC and other partners. A review of charges in the TA/HST programme is also underway to ensure these fully reflect the programme’s costs, and also to ensure the programme is operating as efficiently as possible.
6. The Board noted the action taken to address the financial position and asked about the impact of reallocating the £1.2m of reserves from transformation projects. In response it was noted this included reallocating funding envisaged for the roll out of the ‘NICE way’ as previously noted in the meeting. In addition, expenditure in the Digital, Information and Technology directorate was rationalised to focus only on the highest priority projects, with deferral of expenditure on skills development.
7. Subject to the above comments and actions, the Board noted the report.

## Annual equality report for 2022/23 (item 7)

1. Nicky Tyson presented the report that presented key equality data relating to guidance production and workforce, including the progress against the equality objectives up to 31 March 2023. Nicky noted the improved representation of ethnic minority staff in band 8 roles, and stated that this, together with the significant improvement in the interview to appointment rates for ethnic minority colleagues and increased diversity in bands 2-7 bodes well for further increased representation of ethnic minority staff in the senior grades. The disparities in the staff survey across staff groups, in particular disabled staff, for bullying, harassment, and discrimination, is acknowledged as a key area for improvement. Key actions to progress workforce equality, diversity and inclusion (EDI) include the development of a 5-year EDI roadmap, continuing to develop and empower the staff networks, and addressing the challenges around bullying, harassment and discrimination. In relation to the committees, the report noted the proportion of appointed applicants remains similar for white and ethnic minority candidates, although compared to 2021/22 there was a decrease in the percentage of applications from ethnic minority candidates and increase in applications from white candidates. Upcoming priorities include the rollout of the new approach to considering health inequalities and continuing the guidance EDI action plan which has a focus on targeting role advertisements to encourage a diverse range of applicants.
2. Eleanor Donegan provided an overview of the work of the Disability Advocacy and Wellbeing Network (DAWN), including the implementation of the disability passport; liaison with the Manchester facilities team to establish a ‘quiet and calm’ office space; awareness events; and supporting staff with the changes to hybrid working. Eleanor stated that there has been a significant culture change at NICE, with staff now more able to be themselves. Eleanor praised the executive team’s interest in diversity and noted the positive impact of enabling staff to join the all-staff event remotely.
3. Kevwe Okoro and Jean Bennie provided an overview of the work of the Race Equality Network (REN), including the events held in race equality week; activities to improve understanding of Ramadan; and successfully campaigning for the review of the bullying and harassment policy. They noted the positive changes at NICE and felt the network provided a safe space to network and belong.
4. Geoff Ellison-Roberts provided an overview of the work of the NICE and Proud network, notably the collaboration with HR to co-design the staff survey LGBTQ+ criteria so there is now much better data on the issues faced by LGBTQ+ staff. A key priority for this year is to look at how NICE can support trans and non-binary staff.
5. Dani Mason provided an overview of the priorities for the recently established Women in NICE (WIN) network, which are to break down barriers to career development for women working part time; support for women experiencing peri/menopause at work; and support for women experiencing miscarriage and/or fertility treatment.
6. The Board received the report, welcomed the positive progress to date and supported the planned next steps. The Board thanked the network chairs and vice chairs for their leadership, and paid tribute to those who are shortly standing down from their roles.

## Annual report on patient safety (item 8)

1. Jonathan Benger presented the report that provided an update on NICE’s work over the last year on patient safety. Activities have sought to operationalise and embed patient safety in NICE's standard practices and working culture; strengthen strategic partnerships with other key bodies and groups in the external patient safety system; and engage both internally and externally to embed NICE's role in patient safety. Jonathan noted that he attends the national patient safety committee and a key priority has been to develop links key partners, notably the MHRA, Care Quality Commission (CQC) and the Healthcare Safety Investigation Branch (HSIB). Planned next steps include further developing these partnerships, with a time limited exchange of staff with the HSIB; ensuring that patient safety intelligence is captured within the unified topic selection and prioritisation process; and ensuring patient safety is considered in guidance development and implementation support processes.
2. Board members welcomed the report and endorsed NICE taking a proactive approach to patient safety in addition to effectively reacting to patient safety related recommendations and reports. Board members asked how patient safety is considered in the Early Value Assessments (EVA) of MedTech and also about the patient safety implications of the wider use of real-world data across NICE’s work. In relation to EVA, it was noted that any patient safety concerns would be built into the evidence generation plans, but the team are also looking at how to capture any such implications earlier in the scoping. The approach to the use of real-world data is still evolving, but the key issue will be to ensure that any patient safety signals are captured and reported to NICE’s patient safety oversight group which can consider the most appropriate next step. It was noted that the patient safety risks around health technologies, in particular where these have a digital element, are being considered further. The Board requested a summary of these risks, and the planned mitigations, for a future Board meeting.

Action: Mark Chapman and Nick Crabb

1. Subject to the above action, the Board noted the report and supported the planned next steps.

## Board effectiveness review (item 9)

1. Sharmila Nebhrajani presented the outcome of the Board Effectiveness Review and noted that overall, the review concluded positively on the Board’s effectiveness and governance. The review highlighted three areas to further strengthen the Board’s effectiveness: ensuring that Board time is appropriately balanced to take account of both internal and external change; continuing to strengthen the sense of shared endeavour and inclusion in the boardroom; and continuing to develop the approach to risk and assurance. The proposed action plan to address the findings was presented for the Board’s approval.
2. The Board formally received the report and supported the action plan.

## Remuneration Committee terms of reference and standing orders (item 10)

1. Sharmila Nebhrajani presented the proposed minor amendment to the Remuneration Committee’s terms of reference to reflect the current pay delegations from the Department of Health and Social Care, and highlighted the outcome of the committee’s self-assessment. This was overall positive but noted the committee’s evolving role in talent management and succession planning.
2. The Board approved the minor amendment.

## Any other business (item 11)

1. There was no further business to discuss.

## Next meeting

1. The next public meeting of the Board will be held on 13 December 2023 at 1:30pm.