**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 17 May 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 (joined the meeting during item 6)

Alina Lourie Non-Executive Director

Bee Wee 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

Jane Gizbert Communications Director

Felix Greaves Science, Evidence and Analytics Director

Clare Morgan Director of Implementation and Partnerships

Alexia Tonnel Digital, Information and Technology Director

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Paul Chrisp Head of Products and Publishing

Naomi Lee Head of Organisational Transformation

Chris Connell Associate Director, Field Team

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

Nick Crabb Programme Director, Scientific Affairs (item 9)

Li Fang Chief Sustainability Officer's Clinical Fellow (item 9)

Juliet Kenny Scientific Adviser, Science Policy and Research (item 9)

Alice Murray Senior Public Engagement Analyst, Science Policy and Research (item 9)

Koonal Shah Associate Director, Science Policy and Research (item 9)

Pall Jonsson Programme Director, Data and Analytics (item 10)

## Observing

Amanda Gibbon External member, Audit and Risk Committee

Mary Champion Campbell Tickell

Radojka Miljevic Campbell Tickell

## Apologies for absence (item 1)

1. Gary Ford gave apologies for the start of the meeting.

## Declarations of interest (item 2)

1. The following new entries to the register of interests were highlighted:

* Bee Wee has been appointed to Deloitte’s Clinical Network
* Jackie Fielding has been appointed as a non-executive director at Scottish Brain Sciences
* Sam Roberts has been appointed as a member of the Singaporean Agency for Care Effectiveness’ International Advisory Group – the remuneration for which will be paid to NICE International, continuing the arrangement from predecessors at NICE.

1. These new interests, and 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 22 March 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 22 March 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 highlighted ongoing work across Government highly relevant to NICE. Negotiations between DHSC, NHS England and the Association of the British Pharmaceutical Industry (ABPI) to agree a successor to the current voluntary scheme for branded medicines pricing and access are now underway. Also, the Government's Chief Scientific Advisor, Dame Professor Angela McLean, has been working closely with industry champions on a review of life sciences regulation that was commissioned by the Chancellor. The final report is expected to be published shortly and will build on Sir Patrick Vallance’s recommendations to the Chancellor in March. Helen confirmed that the DHSC will continue to work closely with NICE on these initiatives and also on the Government’s Major Conditions Strategy that is being developed.
2. On behalf of the Board, Sam Roberts thanked Helen and colleagues in the DHSC sponsor team for their ongoing support.

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

1. Clare Morgan introduced the executive team update and performance report covering the period to the end of the 2023/23 year, and noted how NICE is focusing on what matters most, creating useful and useable advice, and learning from data and implementation. Recent highlights included the international collaboration with the Canadian Agency for Drugs and Technologies in Health (CADTH) and the US Institute for Clinical and Economic Review (ICER) to increase transparency in guidance; the new interim methods guide for the proportionate approach to technology evaluations to enable streamlined and faster evaluations where appropriate; and the brand campaign to help engage primary care professionals in guidance development.
2. Helen Knight provided an update on the technology appraisals (TA) and highly specialised technologies (HST) programme, which in 2022/23 delivered 101 pieces of guidance, the highest ever. The streamlined approach piloted as part of the proportionate approach to technology appraisal (PATT) business plan priority was used for 5 topics and delivered guidance up to 45% quicker. It is estimated that the changes from PATT will increase capacity in the programme by 17% in 2023/24, which will enable a further increase in the volume of guidance outputs. Four of the 6 targets for enabling timely access to new technologies through the TA and HST programmes were met, with another indicator only 1% below the target. Board members congratulated the team on these achievements and asked whether stakeholders are supportive of the changes under PATT. Helen Knight stated that the changes to date have been non-contentious as have resulted in positive recommendations; however future changes, such as the pathways approach, may prove more contentious and will need to be explained to stakeholders, including the benefits.
3. Jonathan Benger provided an update on the guidelines programme and noted that several aspects of the Digital Living Guidelines business plan priority were met in 2022/23 and the programme exceeded the planned volume of guidelines and indicator outputs. However, it was not possible to establish a new operating model, and the volume of quality standard updates and alignments was somewhat behind plan. In response to questions from the Board, Jonathan detailed the outstanding task of implementing a new operating model, which includes working through the implications of the transfer of staff from the guideline collaborating centres and moving away from a commissioner-developer split, combined with implementing a ‘topic suite’ approach and ensuring a more flexible and responsive approach to resource allocation.
4. The Board asked how frequently the ‘living’ guidelines will be updated and the implications for quality standards. Jonathan Benger explained that stakeholder feedback indicates a lack of appetite for constantly updated recommendations and so the aim will be to update the recommendations within 6 months of practice changing evidence. The key principle is to have a more flexible, agile approach that updates specific recommendations rather than a whole guideline. Given the value of the quality standards to the system, the aim is to update the quality standard at the same time as the guideline recommendations to ensure these too reflect the latest evidence.
5. Mark Chapman provided an update on the medical technologies programme and noted the launch of 10 early value assessments that seek to provide earlier access to promising technologies while further evidence of effectiveness is collected. Much was achieved, with a transition plan in place to adopt these new processes in routine business. A priority for 2023/24 is to ensure research plans are in place to collect the data required to re-evaluate the technologies. Mark noted that the programme delivered the planned volume of interventional procedures guidance, but the number of diagnostics and medical technologies guidance and medtech innovation briefings was below plan, due to the volume of technologies routed to the programme and the work on the early value assessment business plan priority. The Board discussed the initial learning about the uptake of medical technologies considered under the early value assessment pilot and noted the importance of linking with the existing system infrastructure for data collection and analysis. The reimbursement and funding structures were also highlighted as ongoing factors affecting the adoption of NICE’s medical technologies guidance more widely.
6. Jane Gizbert highlighted the year-end position with the communications indicators and noted that 3 of the 6 targets were met, including the proportion of media coverage that is positive and meeting the deadline for responding to parliamentary questions. The target for the response time to enquiries was consistently met since September but narrowly missed the target for the year overall.
7. Helen Brown provided an update on the year-end position with the people indicators and highlighted that while sickness absence had reduced it remained higher than at the start of the financial year, with stress the highest cause of absence. Staff turnover has also reduced but remains an area of focus with improved analysis of exit data planned. The vacancy rate has substantially reduced as long standing vacant posts have been removed as part of the establishment control and budget setting process. Helen noted there had been a 15% increase in the proportion of ethnic minority staff in senior roles, against a target of a 20% increase, with figure increasing for the last 2 consecutive months.
8. In terms of the financial position, Boryana Stambolova noted that NICE ended the year with an underlying underspend of £0.4m, meeting the organisation’s statutory duties. However, NICE was asked to accrue for the non-consolidated pay award for 2022/23, which resulted in an overspend against budget of £1.8m that the DHSC have committed to cover. Boryana noted that the technology appraisals and highly specialised technologies programme recovered 81% of its costs in 2022/23 compared to 75% in 2021/22, but ended the year £500k behind plan. Income from NICE Scientific Advice was £0.6m ahead of plan.
9. The Board discussed the rapidly evolving developments in artificial intelligence (AI) and how NICE can ensure it can take advantage of the opportunities and manage the challenges arising from this technology. It was noted that an internal taskforce has been established to consider how NICE can exploit AI and NICE will also be seeking to work closely with academia and industry as partnerships will be key. The new product and channel strategy will also likely consider AI’s role in developing and publishing NICE content.
10. Subject to the above comments, the Board noted the report. It was requested that in addition to the quantitative data on the key performance indicators, the integrated performance report for 2023/24 provides qualitative insights into progress with aligning the guideline and quality standards updates, and progress with the implementation and uptake of medtech including the data collection and reimbursement arrangements. It was noted that data on the uptake of these technologies would provide insight into whether NICE has produced guidance that is useful to the system.

Action: Jonathan Benger, Mark Chapman, Clare Morgan

## Business plan 2023/24 (item 7)

1. Sam Roberts presented the 2023/24 business plan for the Board’s approval following earlier review of a draft in March. The plan builds on the successes in 2022/23, with a particular focus on helping ensure health and care resources are used wisely in the context of the financial and operational challenges. Sam outlined the 8 objectives under the domains of focusing on what matters most, providing useful and usable advice, constantly learning from data and implementation, and building a brilliant organisation.
2. The Board discussed the objective around supporting the implementation of NICE’s guidance and asked whether NICE’s role is clear, in particular around data collection. In response, it was noted that NICE’s role is to facilitate adoption, and NICE will be seeking to make it easier to measure uptake by providing advice on how to do this. The business plan objective seeks to enable more effective, systematic use of available data about the uptake of NICE’s guidance, and develop an approach for an automated uptake and monitoring system in a priority topic, which could in future be applied to other topics. It was noted that the product and channel strategy that will come to the Board in September will refer to embedding computable content in electronic health systems, which could provide the opportunity to automate data collation on the uptake of recommendations. Sam Roberts acknowledged the scope to improve the data reported to the Board on the uptake of NICE guidance and stated that the work in 2023/24 seeks to lay the foundations for more comprehensive insights into the usability and impact of NICE guidance in future years.
3. The Board approved the business plan and delegated to the Chief Executive approval of any final amendments following review by the Department of Health and Social Care.

Action: Sam Roberts

## Workforce equality, diversity and inclusion update and gender pay gap report (item 8)

1. Helen Brown presented the update on NICE’s activities on workforce equality, diversity and inclusion (EDI), and the proposed approach and aspirations for 2023/24. While it was positive that the proportion of ethnic minority staff across the organisation and in pay bands 8 and above had increased, there remain areas for improvement including: ethnic minority representation in the most senior pay bands; and staff survey feedback on levels of bullying and harassment from ]ethnic minority, disabled, and LGBTQ+ staff. Key actions include the development of a 5-year workforce EDI roadmap; improvements to recruitment; continuing to support the staff networks; and building capacity and awareness through training modules. The report also included the gender pay gap data for 2021/22, which showed an overall mean gender pay gap of 7.82% in favour of male employees. This represented a slight increase since the previous year (7.59%) but was better than the national average (14.9%). Actions to address the gender pay gap include the launch a new women’s network, a new gender training module for all staff, and incorporating gender equality as a core stream of the EDI action plan.
2. The Board welcomed the recent progress but highlighted the extent of the further work required. Concern was raised about the experience of disabled staff, given the staff survey reported that disabled staff have a 42% likelihood of being at risk of low/poor wellbeing, against 31% for staff overall, and that 24% of disabled staff reported personally experiencing bullying or harassment against 7% for staff overall. In response, Helen Brown confirmed that the HR team will be working with the DAWN staff network to explore this feedback further, and it links to wider cultural changes around flexible and part-time working. An upcoming active bystander programme will also seek to help address the findings around bullying and harassment.
3. The Board noted the range of planned initiatives and asked if any particular action was likely to have greatest impact. In response, Sam Roberts acknowledged the risk of launching too wide a range of initiatives and stated that the key priority for the new strategy will be to establish a compelling vision and narrative for EDI, aligned to the transformation journey, in order to win ‘hearts and minds’ before focusing on a clear set of actions.
4. The Board noted the report and supported the planned actions. It was acknowledged that the target to increase the proportion of ethnic minority staff in pay bands 8 and above by 20% is challenging in the context of funding reductions and constrained recruitment, but nonetheless should remain the aspiration. In line with good practice, there was encouragement to start reporting on the pay gap for disabled and ethnic minority staff, as this would further help identify and target the areas that need to be addressed.

Action: Helen Brown

## NICE Listens project on environmental sustainability and other planned work (item 9)

1. Felix Greaves introduced the item that outlined the findings of the NICE Listens exercise on environmental sustainability, and welcomed colleagues from the Science, Policy and Research team who have been looking at NICE’s role in supporting the environmental sustainability of the health and care system. Koonal Shah outlined the findings from the NICE Listens exercise and noted that the results show strong public support for NICE taking responsibility to make healthcare more environmentally sustainable. There was public support for actions that help lower the demand for healthcare; actions to reduce the supply of care that provides no benefit; providing information on the environmental impact of care options in shared decision-making situations; NICE influencing the supply chain to prioritise and encourage green practice; and making greener treatment options the default, where appropriate, for newly diagnosed patients (provided there is an opportunity to switch if necessary). Li Fang outlined how the feedback will inform decisions about what NICE will, should, and could, do in this area, with a focus on ‘win-win’ areas that do not involve trade-offs between clinical, economic and environmental outcomes.
2. The Board discussed the feedback and the planned next steps. Given the feedback from the exercise on the extent that trade-offs were acceptable there was support for focusing on topics where clinical, economic and environmental outcomes are aligned. It was noted that NICE can have a key role in reducing the environmental impact of healthcare by reducing inappropriate prescribing and reducing demand for health services. Board members highlighted the wide-ranging environmental impact of healthcare, including areas such as the wastewater from drug production and wastage from dispensed prescriptions. It was noted that climate change will increasingly impact on health outcomes and will intersect with existing health inequalities. There was support for NICE acting in partnership with the wider health and care system to identify how NICE can help reduce the environmental impact of healthcare, including for example through prescribing and procurement. There was encouragement to ensure environmental sustainability is considered alongside wider considerations, as for example, there may be patient safety considerations for some single use items.
3. Given the constraints on NICE’s resources there was encouragement to focus on the areas where NICE can have greatest impact. The benefit of producing an evidence summary on desflurane was queried given NHS England has already announced the technology’s decommissioning by early 2024 and it is already being phased out. In response, it was noted that NHS England requested the evidence summary to support its decommissioning policy, which may include advice on whether there are exceptional circumstances to justify using desflurane.
4. The Board supported the proposed actions to:

* Produce an evidence summary on desflurane, with the caveat that the work should add value to the decommissioning already underway.
* Undertake a targeted update to the NICE Principles to clarify how environmental sustainability aligns to NICE’s core remit.
* Include environmental sustainability as a consideration in topic selection and prioritisation, within the context of the feedback from NICE Listens on the extent the public are willing to support ‘trade-offs’ between health and environmental outcomes.
* Engage relevant teams to progress other actions with sustainability benefits or co-benefits, as specified in the paper for this item.

1. The Board requested an update on the targeted update to the NICE Principles at a suitable point.

Action: Felix Greaves

## Data and analytics update (item 10)

1. Felix Greaves and Pall Jonsson presented the update on the activities related to data and real-world evidence in the past year and the approach for the year-ahead. It was noted that over the last year the programme supported all 4 of the 2022/23 business plan priorities; supported practical application of the real world evidence (RWE) framework in research projects and health technology assessments; actively participated in RWE research; supported teams to use RWE; and enabled NICE to be one of the first UK organisations to access NHS England's Secure Data Environments (SDE).
2. Board members asked about the support for committees in this area given RWE is increasingly submitted by companies and the use of RWE has featured in recent technology appraisal appeals. In response, it was confirmed that upskilling the committees and technical teams in the use of RWE is a priority, within the available resources and capacity.
3. The Board noted the report and welcomed the progress in this area. It was noted that AI will be increasingly important and impact RWE, and therefore it was agreed that the October board strategy away-day should explore the implications of AI for NICE further, including the implications for the use of RWE.

Action: Sam Roberts and Felix Greaves

## Audit and Risk Committee annual report (item 11)

1. Alina Lourie, chair of the Audit and Risk Committee, presented the committee’s annual report covering the 2022/23 year. The committee’s assessment, based on the totality of the work presented to it over the year, is that financial reporting, internal control and governance processes are generally well designed, well managed and effective. The committee had also reviewed its terms of reference and proposed minor amendments.
2. The Board noted the report from the Audit and Risk Committee and took assurance from the committee’s work. The Board approved the amendments to the Committee’s terms of reference.

## Any other business (item 12)

1. Mark Chapman noted that the medtech innovation briefings had now been decommissioned by NHS England and thanked the staff who had worked on this product.
2. Sharmila Nebhrajani noted this was Alexia Tonnel’s last Board meeting before taking up a secondment as director of delivery at The Hillingdon Hospitals NHS Foundation Trust. On behalf of the Board, Sharmila thanked Alexia for her contribution to NICE and leadership of challenging projects and areas of work.
3. There was no further business to discuss.

## Next meeting

1. The next public meeting of the Board will be held on 19 July 2023 at 1:30pm.