**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 22 March 2023 at City Tower, Manchester 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

Elaine Inglesby-Burke Non-Executive Director

Alina Lourie Non-Executive Director

Bee Wee Non-Executive Director

Justin Whatling Non-Executive Director

Sam Roberts Chief Executive

Alexia Tonnel Digital, Information and Technology Director

## Directors in **attendance**

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

Helen Brown Chief People Officer

Mark Chapman Interim Director of Medical Technology and Digital Evaluation

Paul Chrisp Head of Products and Publishing

Jane Gizbert Communications Director

Felix Greaves Science, Evidence and Analytics Director

Helen Knight Director of Medicines Evaluation

Clare Morgan Director of Implementation and Partnerships

Boryana Stambolova Interim Director, Finance

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Chris Connell Associate Director, Field Team

Carl Prescott Senior Technical Adviser – Methods (item 7)

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

## Apologies for absence (item 1)

1. None.
2. Sharmila Nebhrajani welcomed Jonathan Benger and Helen Brown to their first Board meeting since joining NICE in January. This was noted to be Elaine Inglesby-Burke’s last Board meeting, and Sharmila Nebhrajani, on behalf of the Board, paid tribute to Elaine’s contribution over the last 7 years as a non-executive director.

## Declarations of interest (item 2)

1. 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 meeting held on 16 December 2022 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 16 December 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.

## 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), focusing on the recent Budget and what it means for the health and care system and NICE. It was noted that the Budget provides an extra £406 million over the next 5 years to tackle the leading health-related causes of people not being able to work, targeted at services for mental health, musculoskeletal conditions and cardiovascular disease. NICE’s central role in translating evidence into authoritative guidance on best practice for the health and care system will remain critical in ensuring that this additional funding delivers improved outcomes in these priority areas. Helen also highlighted the Chancellor’s pledge of almost £3.5 billion to support the government’s ambitions to make the UK a scientific and technologic superpower and commitment to accept the Vallance review recommendations on smarter regulation. Finally, it was noted that NICE will have a critical role in delivering the government’s recently published medtech strategy.
2. Sharmila Nebhrajani thanked Helen for the update and positive acknowledgment of NICE’s role. She noted the additional funding announced for the MHRA in the budget and highlighted the need to ensure NICE is also appropriately resourced to deliver its role in the government’s life sciences strategy.

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

1. Sam Roberts introduced the executive team update and performance report and noted that although there remains a high level of uncertainty in the external environment, NICE will continue its drive to focus on what matters most to the health and care system; create useful and useable advice by making sure guidance is timely, easy to find and in an accessible format; and be part of a system that continually learns from data and implementation. Two examples of this activity were noted. Firstly, the recently published resource that brings together NICE’s guidance that can assist with the NHS recovery and drive to improve productivity. Secondly, the appraisal of therapeutics for COVID-19 which provides an insight into the future ambition of bringing together guidelines and technology appraisal recommendations and deploying flexible processes to ensure guidance remains up to date. Sam highlighted the internal transformation activity over the last year that seeks to put in place the foundations for this extremal focus. This included work to define the internal and external vision for the organisation, appointing a substantive executive team, and initiatives to harness transformation ideas and enthusiasm across the organisation through a crowdsourcing platform. Sam then handed over to members of the executive team who briefed the Board on progress with the externally facing business plan priorities and performance indicators.
2. Helen Knight noted that the business plan priority on proportionate approach to technology appraisal has reverted to green, with the latest estimates demonstrating an increase in capacity of 17% for 2023/24 which is sufficient to meet the current demand in the pipeline. The streamlined approach pilots remain in progress with 5 topics now at final draft guidance or published guidance stage, giving patients faster access to these technologies by reducing the time spent in appraisal by approximately 25%. The pathways and rapid entry to market access pilots will continue in 2023/24, with the streamlined approach implemented through interim methods and processes. In addition to this transformation activity, the programme expects to publish the planned volume of 98 technology appraisals and highly specialised technologies guidance and meet 4 of the 6 performance indicators on timeliness. Helen noted that work is underway to put in place revised performance indicators for next year that give a more comprehensive insight into the timeliness of the technology appraisal guidance publications.
3. Paul Chrisp provided an overview of the achievements of the digital living guidelines business plan priority, including producing structured content that makes guidance easier to access; identifying priority areas for update; and trialling new ways of working that enable priority areas to be more rapidly updated. Paul highlighted learning from this work, including using a faculty of experts to identify priority areas to update and then advise on what these updates should be, which reduces the time required to establish a committee; and greater agility in updating recommendations rather than working to a defined scope. In addition to this work, Paul noted that the guidelines programme is on track to publish the planned volume of outputs set out in the business plan.
4. Mark Chapman noted that the early value assessment for medtech priority has delivered the majority of its goals. Ten technologies have launched, with 2 publications achieved, including in an area of significant need: children and young people’s mental health. The programme is also on track to publish around 80 pieces of medtech guidance and advice.
5. Jane Gizbert highlighted the current status against the communications indicators in the report and also noted the imminent finalisation of the life sciences marketing strategy, which includes the aim of raising awareness and usage of NICE’s products by the digital health and medtech sectors. Jane agreed to circulate the strategy to the Board for information.

Action: Jane Gizbert

1. Helen Brown provided an overview of the people indicators in the report, and noted the actions to address the above target turnover, including working with a new provider to analyse exit interview data. Absence due to stress is another area of focus, with NICE is looking to introduce the Health and Safety Executive stress management standards which will provide methods in dealing with this issue at an organisational level.
2. Boryana Stambolova provided an update on the financial position at the end of January 2023 and confirmed that NICE is forecast to deliver a £0.7m underspend in 2022/23. This is largely driven by an underspend on pay due to turnover and the vacancy rate, and higher than planned income from NICE Scientific Advice. Boryana noted that the forecast does not account for the potential impact of the proposed pay award for staff on agenda for change terms and conditions.
3. Board members congratulated the executive team on the work undertaken and asked how the level of output compared to other similar organisations internationally, and also the extent the proportionate approach to technology appraisal (PATT) had realised savings compared to the standard approach. In response, Sam Roberts explained that NICE has one of largest guideline portfolios in the world and is arguably unique in considering cost effectiveness in such recommendations; likewise NICE’s output on medtech and technology appraisal is larger than many other bodies, with the latter work being rare in considering significant licence extensions in addition to new active substances. Helen Knight explained that the changes arising from the streamlined approach have reduced the time spent in appraisal for topics by between 9 and 20 weeks. The Board congratulated the team for this work and asked for a further progress update later in 2023 on how much time has been taken out of the appraisal process for individual topics and also how much additional capacity has been generated.

Action: Helen Knight

1. Board members welcomed that the forecast underspend forecast for 2022/23 is much lower than in previous years and asked about the £1.6m that was invested non-recurrently mid-year to accelerate key business plan objectives. Boryana explained that the main expenditure related to leadership development, and foundational work on data management and content management. She agreed to circulate further detail to the Board for information.

Action: Boryana Stambolova

1. In response to a question from the Board, Felix Greaves provided further information on the HTA Lab, which has been established to consider how NICE can adapt its methods and processes to consider innovative new technologies. One of the main areas of work has been to support the roll-out of virtual wards, which is a key national priority for the NHS. NICE has been looking at how it can provide guidance on who should be treated on virtual wards, the technology that can be used, and how to measure effectiveness. The Board welcomed this work and asked for a further update at an appropriate point.

Action: Felix Greaves

1. Subject to the above comments and actions, the Board noted the report. It was agreed that further information on the lessons learnt from the 2022/23 business plan priorities would be presented to the Board alongside the 2023/24 business plan in May.

Action: Sam Roberts

## Health technology evaluation: update on implementation of new manual/methods and proposed approach for modular updates (item 7)

1. Helen Knight presented the paper that summarised the early findings from the implementation of the new manual for Health Technology Evaluation and outlined the proposed approach to future modular updates of the manual. Based on the first 20 topics considered, the updated methods are working well, with the severity modifier successfully applied to support patient access to severe disease medicines. No appraisals had yet arisen that required consideration of flexibilities specified in the updated manual, including quality of life or real-world evidence. Helen highlighted the proposed approach for modular updates to the methods and process guide which are intended to take a pan-NICE approach.
2. The Board welcomed the update and asked about the impact of the severity modifier, including whether it is likely to meet the intention of being opportunity cost neutral compared to the previous end of life modifier, and whether its impact will be independently evaluated. Further information was also requested on whether the flexibilities in the updated manual around inequalities had been utilised, and how the programme will ensure consistency across the committees in the application of the manual. In response, Helen Knight stated that given the number of topics that have been considered under the updated manual, it is not possible to understand the system level impacts of the changes, including the severity modifier. All topics evaluated using the updated manual are being tracked and analysed to identify how if the severity modifier and other changes in the manual, such the flexibilities around health inequalities, have been utilised. The outcome of this review will come back to the Board towards the end of 2023 to encompass the first year of implementation. In terms of committee consistency, Helen noted that a new programme director has been appointed with responsibility for methods and guidance development. As part of their role they will attend all of the technology appraisal committees for 6 months to identify and address areas of inconsistency.
3. The Board welcomed the work undertaken to implement the updated manual to date and the planned approach for future modular updates. The Board requested that the planned follow-up report on the first year of implementation of the updated manual includes information on how the severity modifier has been applied, including for which conditions; information on the utilisation of the flexibilities around health inequalities; and the outcome of the work on committee consistency.

Action: Helen Knight

## Staff engagement survey (item 8)

1. Helen Brown presented the overview of the feedback from the staff survey, which this year was undertaken by a new provider and used new questions to be aligned with NICE’s strategy and target culture. The provider saw the overall engagement score as good, and the ratings on wellbeing, confidence in management and ‘flight risk’ were all better than the ‘industry’ and ‘global’ comparators. Helen summarised the other areas noted for celebration, including staff being proud to work for NICE, job satisfaction, reward and recognition, inclusive leadership, mental health, and work-life balance. Areas for improvement include stress, job satisfaction, action taken to address bullying and harassment, learning and development, innovation, and a user focus. In terms of next steps, the ideas generated through the crowdsourcing platform are being used to inspire quick progress, while the organisation-wide actions will focus on wellbeing and stress, bullying and harassment, and development. The results will also be further analysed to try and understand some of the inconsistencies across the questions.
2. The Board discussed the report and while welcoming the positive results, noted there are areas where further work is required. Board members asked whether the findings on bullying and harassment were a surprise to the executive team, and also whether there are any significant areas of variation across the organisation in the results. In response, Sam Roberts stated that bullying and harassment was the standout issue for the executive team, and directors are reviewing the results further with their teams. It was noted that the questions in the survey did not provide a timeframe for witnessing or experiencing bullying and harassment and therefore some of the responses may have been referring to historic cases. Also, initial feedback from teams indicates that some of the incidents may relate to interactions between committee members. However, Sam acknowledged the scope to improve the grievance process to ensure concerns are resolved more quickly and common themes are identified and addressed.
3. Board members highlighted the that the results may decline as NICE continues with its transformation and noted the underpinning importance of values and behaviours, and ensuring sufficient leadership capacity. Sam Roberts and Helen Brown confirmed this is a key area of focus in the internal transformation: updated values and behaviours will be launched at next week’s all staff event, and will be integrated in staff development and appraisals.
4. The Board noted the report and supported the planned next steps. Looking to future surveys, there was a suggestion to review the questions, in particular around bullying and harassment, and the question groupings, to ensure these clearly identify the areas for improvement. It was also noted that greater clarity on the comparator organisations would be helpful.

## Remuneration Committee terms of reference and standing orders (item 9)

1. Sharmila Nebhrajani presented the proposed minor updates to the Remuneration Committee’s terms of reference and standing orders following the planned periodic review, which confirm the committee’s role in talent management and succession planning.
2. The Board approved the updated terms of reference and standing orders.

## Audit and Risk Committee minutes (item 10)

1. Alina Lourie presented the unconfirmed minutes of the Audit and Risk Committee meeting held on 19 January 2023. The committee were pleased to note the ongoing improvements to the strategic risk register and the alignment to NICE’s strategy. The committee also noted the positive progress with the 2022/23 internal audit plan and agreed the audit plan for 2023/24.
2. The Board received the minutes and reflected on the very productive externally facilitated risk management session held yesterday at the committee’s request. The planned next steps to further evolve the risk management process following the session were noted, including to score the controls for each risk.

## 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 17 May 2023 at 1:30pm.