**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting  
held on 19 May 2021 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

Professor Tim Irish Non-Executive Director

Professor Sir Bruce Keogh Non-Executive Director

Alina Lourie Non-Executive Director

Dr Rima Makarem Non-Executive Director

Dr Justin Whatling Non-Executive Director

Tom Wright Non-Executive Director

Professor Gillian Leng Chief Executive

Meindert Boysen Centre for Health Technology Evaluation Director

Dr Paul Chrisp Centre for Guidelines Director

Jennifer Howells Finance, Strategy and Transformation Director

Alexia Tonnel Digital, Information and Technology Director

## **Directors in attendance**

Jane Gizbert Communications Director

Dr Judith Richardson Acting Health and Social Care Director

## **In attendance**

Dr Hugh McIntyre Medical Adviser to the Board

Mark Salmon Programme Director, Science, Evidence and Analytics

David Coombs Associate Director, Corporate Office (minutes)

Rebecca Braithwaite Analyst (for 21/049)

Victoria Carter Senior Technical Analyst (for 21/049)

Xavier Vaz Senior Analytical Manager (for 21/049)

## **21/036 Apologies for absence**

1. Apologies were received from Felix Greaves.

## **21/037 Declarations of interest**

1. Rima Makarem stated that she has been appointed as chair of trustees for Sue Ryder, and Mark Chakravarty and Bruce Keogh noted minor amendments required to their entries in the register of interests. The register of interests would be updated accordingly. Tim Irish noted that the register had been updated to include his recent appointment to the Alzheimer's Society’s Policy and Research Committee.
2. These, and the directors’ previously declared interests recorded on the register, were noted and it was confirmed there were no conflicts of interest relevant to the meeting.

## **21/038 Minutes of the last meeting**

1. The minutes of the Board meeting held on 24 March 2021 were agreed as a correct record.

## **21/039 Action log**

1. The Board noted the progress with the actions arising from the Board meeting on 24 March 2021 and those open from preceding meetings. Those marked closed on the log were confirmed as complete.

## **21/040 Chief Executive’s report**

1. Gill Leng presented the Chief Executive’s report which provided an update on progress with NICE’s major programmes and business plan objectives to the end of March 2021 and other matters of interest. Gill highlighted that the organisation largely delivered the outputs and objectives in the 2020/21 business plan, alongside a range of new initiatives such as the strategy and technology evaluation methods review, in the context of a year of significant disruption.
2. The Board received the report and congratulated the Executive Team and staff for the extensive work delivered in challenging circumstances.

## **21/041 Centre for Guidelines progress report**

1. Paul Chrisp presented the update on key issues and developments in the Centre for Guidelines. Points of note included the publication of the managing COVID-19 guideline in the MAGICapp authoring and publishing platform, and the ongoing work on the content strategy. The new 12 year contract with the Royal Pharmaceutical Society of Great Britain, BMJ Publishing Group and Royal College of Paediatrics and Child Health to produce the British National Formulary (BNF) and BNF for children for the NHS, aligns with the strategy to provide wider and easier access to evidence-based information, expert knowledge and advice.
2. The Board discussed the content strategy and welcomed the guiding principle of ensuring a user centred experience. It was noted that the diabetes prototype is being tested with clinicians, and an update will be provided to the Board in July. Producing machine readable recommendations is part of the content strategy, and to achieve the vision of integrating NICE guidance with electronic patient records, there was encouragement from the Board to engage with the vendors of these systems, including through the Faculty of Clinical Informatics. In response to a question from the Board on how NICE’s guidelines are taking account of the impact of the pandemic, Paul Chrisp explained that when developing new guidelines or updating existing guidelines, NICE will ask about the impact of COVID-19 during consultation and scoping. In addition, NICE is linked with NHS England’s beneficial changes network to consider the impact of changes arising from the pandemic such as remote consultations.
3. The Board received the report.

## **21/042 Centre for Health Technology Evaluation progress report**

1. Meindert Boysen presented the update on key issues and developments in the Centre for Health Technology Evaluation, and highlighted NICE’s joint work with the MHRA and the Scottish Medicine Consortium on the Innovative Licensing and Access Pathway (ILAP), and NHS England on genomics. NICE Scientific Advice has also had a very successful year, initiating over 70 advice projects, its highest ever number of advice projects.
2. The Board noted the range of activities underway and asked about the work on artificial intelligence. Meindert explained that the recent pilot demonstrated the existing methods and processes can be used for some digital health technologies, and this will be considered further in the modular review of the technology evaluation methods and processes. In addition, there is scope to explore a version of the ILAP for digital health technologies, and also consider how to evaluate artificial intelligence and rapidly updating machine learning technologies. In response to a question from the Board, Meindert outlined the range of actions in place to mitigate the risks around workforce capacity challenges in the Centre. These include accessing additional capacity and looking at the scheduling of the work programme.
3. The Board received the report.

## **21/043 Digital, Information and Technology Directorate progress report**

1. Alexia Tonnel presented the update from the Digital, Information and Technology Directorate and summarised the various teams’ key activities, including the launch of the organisational commenting feature in the Comment collection tool that makes it easier for organisations to collate and then submit comments in response to NICE guidance consultations, and the initiation of the 'beta' phase for a new tool to manage guidance development timelines across the organisation. Alexia updated the Board on the discovery phase for the proposed life sciences resource on the website. This initial activity considered the project’s aim of providing easier access to NICE’s content relevant to the life sciences industry, and the next phase will be to engage with potential users.
2. The Board received the report.

## **21/044 Science, Evidence and Analytics progress report**

Mark Salmon presented the update from the Science, Evidence and Analytics Directorate and highlighted the wide range of activity across the Directorate. This included the Information Resources team supporting guidance development with information searches and expertise; a feasibility assessment and options appraisal for surfacing citeable publications produced during NICE guidance development; and the launch of the Office for Digital Health.

1. The Board noted the decision to select health inequalities as the first topic for NICE Listens, the new deliberative engagement workstream. The Board requested an update on this work, and NICE’s activities on health inequalities more generally.

Action: Felix Greaves / Judith Richardson

## **21/045 Health and Social Care Directorate progress report**

1. Judith Richardson presented the update on key issues and developments in the Health and Social Care Directorate. Judith reflected on how the last year has seen extensive changes in the health and care system, and stated that a key role for the Directorate has been to bring this insight back to the organisation and ensure NICE’s work remains relevant and of use. Judith highlighted that in response to a request from the Board, the 18 previously published NICE impact reports were analysed to identify common themes. The findings were summarised in the report and will feed into the development of the updated implementation strategy, which includes a workstream exploring how NICE can use data to drive its implementation offer and measure its impact.
2. The Board discussed the changing context for engaging with health and social care partners and highlighted the importance of working with the Integrated Care Systems. Judith Richardson confirmed the Directorate is building relationships with the Integrated Care Systems and will seek to prioritise a small number of areas that can make the biggest difference. The Board supported this approach and highlighted the need to focus on the priority areas for partners.
3. The Board received the report.

## **21/046 Resources report**

1. Jennifer Howells presented the report which outlined the year-end position at 31 March 2021 and provided an update on the NICE Connect transformation programme, Human Resources, and organisational development. Overall, the financial position for 2020/21 was an underspend of £4m due to the reasons previously discussed with the Board, including the £3.3m underspend on pay. Jennifer noted the updates on a range of workforce issues and initiatives in the report including talent management, workforce planning, and equality, diversity and inclusion. Jennifer highlighted the small increase in employee relations cases, and stated that while no trends have been identified, this will remain under close watch. All revised transformation deliverables for 2020/21 are either complete or on track.
2. The Board acknowledged the challenging circumstances over the last year that contributed to the underspend but highlighted the importance of a robust approach to forecasting and reallocating resources to schemes currently on standby or planned for future years if needed, to avoid a similar underspend in 2021/22. Jennifer Howells confirmed that new mechanisms to support expenditure are in place, and the scope for alternative approaches to deliver the priorities are being explored. The Board welcomed this assurance and asked to be kept updated on forecasting and any reallocation through the usual Board reporting.

Action: Jennifer Howells

1. The Board received the report.

## **21/047 Communications Directorate progress report**

1. Jane Gizbert presented the update on key issues and developments in the Communications Directorate, including the work to support the launch of NICE’s new 5 year strategy. Jane highlighted that a key priority over the coming months will be to develop a new communications and marketing strategy.
2. The significant increase in visits to the refreshed section of the website for NICE International was noted. Jane Gizbert stated that she would confirm the extent of the increase in terms of the baseline and look if further analysis is available on what may have driven this increased traffic.

Action: Jane Gizbert

1. The Board received the report.

## **21/048 Business plan**

1. Gill Leng and Jennifer Howells presented the 2021/22 business plan for the Board’s approval. The Board has reviewed earlier drafts at the February and April Board strategy meetings, and the plan has since been reviewed by NICE's Senior Departmental Sponsor (SDS) and Minister at the Department for Health and Social Care who did not request any changes. Following approval by the Board at this meeting, the plan will require final sign-off from the SDS and it can then be published. The objectives have been reviewed to identify interdependencies, risks and resource requirements, and where it may be necessary to prioritise effort if there is insufficient capacity.
2. The Board noted and welcomed the work undertaken by the Executive Team to identify the challenges to delivery, in response to the Board’s previous comments about whether all of the objectives could be achieved. The Board noted that the business plan does though remain ambitious in terms of the range of activities covered by the objectives, and highlighted the importance of retaining a flexible and agile approach during the year, to reprioritise effort in response to changing circumstances and any capacity constraints.
3. The Board approved the business plan and delegated approval of any further amendments following final review by the Senior Departmental Sponsor to the Chief Executive. It was noted that progress in delivery will be regularly reported to the Board, along with any decision to reprioritise the objectives.

Action: Gill Leng

## **21/049 Impact report: diagnostic pathology**

1. Judith Richardson presented the report on how NICE’s evidence-based guidance is being used to help improve outcomes in diagnostic pathology. Unlike previous impact reports, the report does not follow a single pathway. Given a lack of diagnostic pathology data, the report is focused on NICE guidance where uptake data is available on recommended diagnostic pathology tests. The report concludes with a ‘what next’ section, which recommends improved data collection to identify gaps in the uptake of tests, enabling focused adoption efforts.
2. The Board welcomed the report and highlighted the importance of NICE’s guidance in this area given the drive to move diagnostics into the community and investment in diagnostics that prevent hospital admission. In response to questions from the Board, it was confirmed that NICE is working with the Academic Health Science Networks and Accelerated Access Collaborative on diagnostics, including to identify topics for future evaluation. NICE is also part of the Evidence Based Interventions programme that seeks to identify procedures of limited clinical value. The aim is to also feed relevant NICE recommendations into the work to establish diagnostic hubs, and the recent appointment of a new Interim Programme Director for Devices, Diagnostics and Digital will provide additional senior capacity for this work. It was noted that the increased use of diagnostics for early detection and prevention may present economic challenges for the health and care system, and it may be worthwhile for the Board to consider NICE’s role in this area at a future strategy session.
3. The Board received the report.

## **21/050 Audit and Risk Committee annual report**

1. Rima Makarem, chair of the Audit and Risk Committee, presented the annual report from the committee outlining its work in 2020/21 and assurance on the effectiveness of NICE’s governance, risk management, financial and internal control arrangements. The committee has reviewed its terms of reference and minor amendments are proposed as part of the report.
2. The Board:

* Received the report and noted the committee’s assessment of the work undertaken in 2020/21 and the anticipated challenges for the coming year.
* Approved the amendments to the committee’s terms of reference.

Action: David Coombs

1. Sharmila Nebhrajani noted that Rima Makarem stands down from the Board at the end of July 2021 and thanked Rima for her leadership of the Audit and Risk Committee, which has strengthened the committee’s role and operation.

## **21/051 Any other business**

1. The Board then passed the following resolution to move to a part 2 meeting to discuss confidential matters:

*"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest".*

## **Next meeting**

1. The next public meeting of the Board will be held on 21 July 2021 at 1:30pm, location TBC.