**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 20 March 2024 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

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

Sam Roberts Chief Executive

Jonathan Benger Chief Medical Officer and Interim Director of the Centre for Guidelines (items 1-9 inclusive)

Mark Chapman Interim Director, Medical Technology and Digital Evaluation

Boryana Stambolova Interim Director, Finance

## Directors in **attendance**

Helen Brown Chief People Officer

Nick Crabb Interim Science, Evidence and Analytics Director

Jane Gizbert Director, Communications

Clare Morgan Director, Implementation and Partnerships

Raghu Vydyanath Chief Information Officer

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Paul Chrisp Head of Products and Publishing

Jacoline Bouvy Programme Director, Medicines Evaluation

Danielle Mason Associate Director, Strategic Communications and Marketing

Tamara Diaz Vice-Chair, Race Equality Network (REN) (item 7)

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

Eleanor Donnegan Chair, Disability Advocacy and Wellbeing Network (DAWN) (item 7)

Ben Dunbar Joint Vice-Chair, Disability Advocacy and Wellbeing Network (DAWN) (item 7)

Fatima Salih Chair, Race Equality Network (REN) (item 7)

Nicola Tyson OD and EDI Consultant (item 7)

George Wood Chair, NICE and Proud (NAP) Network (item 7)

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

Ahmed Yosef Vice-Chair, NICE and Proud (NAP) Network (item 7)

Sarah Byron Programme Director, Devices, Diagnostics and Digital (item 8)

Lorna Dunning Senior Technical Adviser (item 8)

Nichole Taske Associate Director, Methods and Economics (item 8)

Koonal Shah Associate Director, SEA Directorate (item 8)

Victoria Fitton Programme Manager, Centre for Guidelines (item 9)

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

## Apologies for absence (item 1)

1. Apologies were received from Justin Whatling and Helen Knight, with the latter represented by Jacoline Bouvy.
2. Sharmila Nebhrajani noted this was Paul Chrisp’s last public Board meeting before retiring from NICE, and on behalf of the Board, thanked Paul for his extensive contribution to the organisation, including his leadership of the Centre for Guidelines.

## Declarations of interest (item 2)

1. No new interests were declared, and the 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 13 December 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 13 December 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 and highlighted changes to the organisational structure at DHSC which seek to: increase the Department’s focus on key priorities such as primary care access, acute sector performance, and Long Term Workforce Plan implementation; embed health improvement and prevention work across the Department; and boost the Department’s data, digital and technological capabilities. Helen highlighted several Government health initiatives including a reception being held today at 10 Downing Street that seeks to accelerate efforts to tackle dementia; the Bill to protect future generations across the UK from the harmful impacts of smoking; and the rare diseases action plan for 2024 that sets out the significant progress that has been made in delivering the 2021 rare diseases framework and next steps for system partners, including NICE. Helen thanked the team at NICE for continuing to work very effectively with the Department on a range of issues relating to NICE specifically and the wider system.

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

1. Sam Roberts introduced the executive team update and integrated performance report and also paid tribute to Paul Chrisp’s contribution. Sam highlighted that since the last public Board meeting the MHRA have launched their international recognition procedure (IRP) and NICE is working closely with partners to work through the implications to ensure it can continue to publish timely technology appraisals. Sam noted that the Innovative Devices Access Pathway (IDAP) has also been launched, which entails NICE working with partners to provide tailored, intensive advice on regulatory approval, health tech assessments, and access to the NHS. Sam concluded by highlighting three public consultations currently underway at NICE. These relate to the new consistent and transparent approach to topic prioritisation; the arrangements for including technology appraisals in guidelines; and the strategy for involving and engaging people and communities. These initiatives are central to delivering NICE’s ambition of producing relevant, useful and usable guidance.
2. Colleagues from the Executive Team updated the Board on progress with the objectives and targets in the 2023/24 business plan. In relation to the priority of focusing on what matters most, it was noted that the prioritisation board is operating in shadow form pending the outcome of the public consultation on the proposals, and the strategy team are leading the new approach to horizon scanning. In relation to the priority of useful and usable advice, the current consultation on the methods and processes for the late stage assessment of HealthTech was highlighted, along with the consultation previously noted on including technology appraisals in guidelines. In addition, it was noted that the Science, Evidence and Analytics directorate will take a cross Institute leadership role on NICE’s methods to help drive a coordinated and consistent approach across the guidance programmes. Work is underway to consider the feedback from the market engagement on potential technology to support the digitisation of NICE’s guidance production. It was noted that the feedback indicated there will not be a single end to end solution and a key enabling action is to develop a semantic database of NICE’s content. In relation to the priority of learning from data and implementation, there has been positive progress in this foundational year and the next steps are to set priorities for data collection in 2024/25 that can provide actionable insight. In relation to building a brilliant organisation, achievements include the roll-out of SharePoint and the work on talent management. It was noted that the turnover, sickness absence, and appraisal completion rates are below target and the management of change exercises have been a likely factor.
3. In relation to guidance outputs, it was noted that 33 guideline outputs have been delivered by the end of January, against an overall target for 2023/24 of 15. This is due to a greater number of smaller updates than was originally planned. Due to the combination of the restructuring in the Centre for Guidelines and the allocation of resources to the work on incorporating technology appraisal recommendations into guidelines, a target for 2024/25 guideline outputs will not be set at the start of the year.
4. It was noted that NICE is on track to meet the target of 50 pieces of health technology guidance, which in totality will cover over 100 technologies. There has been progress with the work to reduce the time taken to produce health technology guidance, but some of the changes involve third parties, and so this will be discussed further with partners in 2024/25. The technology appraisal (TA) and highly specialised technologies (HST) programme is unlikely to deliver the volume of guidance set out in the business plan, with the current forecast expected to be 90% of the target. The mean and median number of days between GB marketing authorisation and TA/HST guidance publication has been significantly reduced for ‘optimal’ topics and the 15% target reduction is likely to be met. However, the target is unlikely to be met when ‘divergent’ topics are included, with performance affected by the 6 HST publications with a mean of 1,625 days. The mean performance for ‘divergent’ TA topics is 305 days which is much closer to the target. Board members noted the progress and suggested that it might be helpful to separately report TA and HST timescales, and also report on the number of in-progress topics that are likely to exceed the target time in order to give an earlier insight into performance.
5. Boryana Stambolova provided an update on the financial position and stated that the position at the end of January was an overspend of £0.98m, primarily driven by an under recovery against plan of TA/HST income. The forecast at the end of January was for a year-end underspend between £0.14m and £0.98m due to the mitigations taken earlier in the year including reallocation of reserves originally held for strategic investments. Boryana noted that since the report was produced the February financial position is available. This indicates some of the potential downside scenarios noted in the report have materialised and the latest forecast outturn is an underspend of less than £0.5m.
6. In response to a question from the Board, Sam Roberts explained further the actions taken by NICE to respond to the implications of the MHRA’s international recognition procedure. Notably, NICE now has access to the horizon scanning platform used by some US payors and the US HTA agency (ICER), which means NICE can identify technologies that are not listed in the equivalent platform in the UK (Pharmascan) and follow-up with the relevant companies to understand if they intend to launch in the UK. This will help mitigate a key source of delays and ensure NICE is still able to publish timely technology appraisal guidance.
7. In response to a question from the Board, Mark Chapman highlighted some of the initial feedback in the consultation on the late stage assessment for HealthTech, including some concerns about the implications for technologies already in use in the NHS. As a result of these concerns, NICE is seeking an extensive consultation and has paused any formal assessments until the consultation has concluded and the feedback is considered.
8. The Board discussed the financial position including whether the forecast increase in NICE Advice income in the remainder of the year is realistic. In response to queries from the Board, Boryana Stambolova stated that the projection is felt to be realistic and reflects the positive level of enquiries and work in the pipeline. The initial figures also indicate strong income in February. Board members welcomed the additional funding provided by the Department of Health and Social Care to improve NICE’s cyber infrastructure but expressed concern this may not be spent. Boryana Stambolova and Raghu Vydyanath assured the Board that every effort is being made to effectively utilise the funds as far as possible, while working within the procurement framework and the accounting rules over revenue and capital expenditure. There was encouragement from the Board to have a list of potential schemes in place in 2024/25 in case funding is similarly provided at a late stage in the next year.
9. Subject to the above comments the Board noted the report.

## Five year workforce equality, diversity and inclusion roadmap 2024 to 2029 and gender pay gap report (item 7)

1. Helen Brown presented the proposed 5 year workforce equality, diversity and inclusion (EDI) roadmap 2024 to 2029, and noted that the gender pay gap data for 2022/23 is also included to provide context for the item. Nicola Tyson explained that the roadmap builds on recent work on EDI while recognising the extent of the further work required. The roadmap is aligned to NICE’s wider transformation strategy and is intentionally high level to provide scope to be dynamic. New areas include a focus on inclusive leadership and building equality and health inequalities into guidance development. Nicola noted that the gender pay gap has improved slightly, but there are gaps in relation to other protected characteristics. The work on career development, talent management and recruitment seek to reduce these gaps, along with the actions in the EDI roadmap. Nicola then invited the staff networks to provide an overview of their planned activities.
2. Tamara Diaz stated that the Race Equality Network (REN) will continue to work with the People team to address employment inequalities and ensure diverse recruitment panels. In addition, REN will be seeking an organisational pledge of zero tolerance towards racism, and work with the other networks to seek zero-tolerance of any form of discrimination in line with an intersectionality approach to inequalities. The network will also be campaigning for specific reporting routes to prevent and address racial bullying and harassment; developing an organisational race strategy; and championing and leading work to evaluate NICE performance on tackling racial and ethnic inequalities.
3. George Wood stated that the NICE and Proud (NAP) Network will continue to seek to improve the experience of trans and non-binary staff at NICE including developing a trans policy. NAP will also focus on the wellbeing of LGBTQ+ staff and investigate the challenges staff are facing. The network will also work closely with other staff networks to reflect the cross-cutting nature of inequalities.
4. Eleanor Donnegan highlighted the Disability Advocacy and Wellbeing Network (DAWN)’s success in launching disability passports for staff and more recently committee members, and the work with the facilities team to establish the quiet and calm space in the Manchester office. Upcoming priorities include reviewing how the passports are working in practice; developing best practice guides on supporting carers; and supporting career development, in particular for neuro diverse staff.
5. Jane Wright outlined the priorities for the Women in NICE (WIN) network, including finalising a menopause policy for NICE and developing support for staff around fertility and miscarriage. There will also be a focus on supporting career development for women at NICE, in particular those working part-time, as this is known to be a key concern for female colleagues.
6. Jackie Fielding highlighted that she attends NICE’s equality and diversity group and could see the significant improvements in this area, with a more committed and intentional approach. Jackie highlighted the importance of collaboration between the networks in order to maximise impact and address intersectionality.
7. The Board discussed the proposed roadmap and welcomed the inclusion of diversity in committee recruitment given the centrality of committees to NICE’s work. The proposal of adopting an ‘anchor organisation’ approach was welcomed, and it was suggested that the different labour markets and populations in London and Manchester may mean a different approach is required between the two office locations. The approach to considering intersectionality was also welcomed and it was recommended that data is reviewed to identify which characteristics are driving inequalities in pay. In response to a query from the Board on whether the timelines on workplace adjustments were sufficiently ambitious, Nicola Tyson explained that the focus in 2024/25 will be to review progress to date and identify if the recently implemented processes need to be improved.
8. On behalf of the Board, Sharmila Nebhrajani thanked the staff networks for their highly impressive contribution and leadership in this area. The Board noted the gender pay gap data and approved the EDI roadmap and objectives.

## Interim process guide for quality standards (item 9)

1. Jonathan Benger presented the proposed interim process guide for quality standards for the Board’s approval prior to public consultation. The interim process guide has been developed for use over the next 24 months to support proportionate approaches to the development and maintenance of NICE quality standards and will allow the team to learn from the planned work on the integration of guidelines and quality standards. It is anticipated that these new ways of working, and the learning from them, will influence a substantive future update of the quality standards process guide. The new process could be used to stand down quality statements and to reduce the gap between publication of new or updated guidelines and quality standards.
2. Bee Wee stated that bringing together the timelines for guidelines and quality standards is a positive development, but from her perspective as a former chair of a Quality Standards Committee she was felt there were risks in using guideline committees rather than a Quality Standards Committee to produce quality standards. Notably, members of the Quality Standards Committee can bring an external perspective and provide an important check and balance to the process. In response, Jonathan Benger and Victoria Fitton acknowledged this is a risk, which will be considered further when looking at the consultation feedback. It was noted that this is an opportunity to look at utilising the expertise on the committees in the most effective and timely way, and consideration will be given to whether additional training is required.
3. Bee Wee asked if the proposal is to retire whole quality standards or just quality statements within the overarching quality standard. Retiring a whole quality standard could send a signal that the topic is no longer a priority for quality improvement. Victoria Fitton explained that it could be individual statements, or potentially a whole quality standard if the individual statements have been moved to another quality standard to better align with the current guidelines.
4. Board members asked about the approach to ensuring quality standards can be computable and used to provide automated data on implementation. Jonathan Benger stated that this is not part of these proposals, but this is an important point as machine readable quality standards can be used to help drive improvement. Clare Morgan confirmed this is being explored further as part of wider work on computability of NICE guidance and standardised templates.
5. The Board approved the interim process guide for consultation and delegated to the Guidance Executive the authority to approve any required changes following the consultation.

## NICE methods agenda (item 8)

1. Nick Crabb presented the paper that outlined the methods priorities for 2024/25 and beyond, which include the inclusion of technology appraisals in guidelines; modular updates and methods research on health inequalities; review of the severity modifier in medicines evaluation; reviewing the methods for HealthTech; and finalising the process for modular updates prior to these being presented to the May public Board meeting. Nick highlighted NICE’s wider methods leadership activity, including the work on the HTA innovation laboratory and an expanded portfolio of grant-funded research projects.
2. The Board discussed the approach to updating the NICE Principles to guide how NICE can align environmental sustainability to its core remit. While it had initially been proposed to address this through a targeted update of the Principles, it was noted that there is a case for a more comprehensive update to the Principles to reflect the wider changes to NICE’s methods, including the introduction of the severity modifier. It was agreed that the best approach (i.e. a full or targeted update) should be considered further and a proposal brought back to the Board along with an indicative timescale. It was noted that any full review of the Principles would not be until 2025/26 at the earliest given the extent of methods work already planned for 2024/25.

Action: Nick Crabb

1. There was a suggestion from the Board to consider how NICE’s methods could evolve to support adoption of technologies and intervention that improve workforce and wider NHS productivity.
2. In response to a question about the planned work on health inequalities, Koonal Shah stated that in the short term it will not be possible to develop a quantitative modifier for health inequalities as further work is required to understand the displacement implications.
3. Subject to the above action, the Board approved the priorities as set out in the paper.

## NICE Charter (item 10)

1. Jane Gizbert presented the proposed updated NICE charter following its 3 yearly review and summarised the key changes which include updating the document to be consistent with NICE’s core purpose and key messages, and adding new text on the early value assessment for HealthTech, the health technology assessment innovation laboratory, NICE’s refreshed support offer for the life sciences, and environmental sustainability.
2. Helen Lovell confirmed the Department of Health and Social Care supported the updated document.
3. The Board approved the updated NICE charter subject to adding additional text to reflect NICE’s role in helping improve productivity.

Action: Jane Gizbert.

## Annual report and accounts 2022/23 (item 11)

1. The Board formally received the annual report and accounts 2022/23 that was laid before Parliament in January 2024.

## Audit and Risk Committee (item 12)

1. Alina Lourie presented the unconfirmed minutes of the Audit and Risk Committee meeting held on 31 January 2024 and highlighted the committee’s work on risk management. Alina noted that the risk rating for the cyber security risk has increased; however the committee undertook a deep-dive on this issue and were assured a robust action plan is in place. The committee have also been reviewing the other risks in depth, focusing on whether the controls for each risk are effective. The committee will also be looking at the alignment between the risk register and the risk appetite statement approved by the Board.
2. The Board noted the update and received the minutes.

## Any other business (item 13)

1. There was no further business to discuss.

## Next meeting

1. The next public meeting of the Board will be held on 15 May 2024 at 1:30pm.