**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 17 March 2022 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

Alina Lourie Non-Executive Director

Dr Justin Whatling Non-Executive Director

Tom Wright Non-Executive Director

Dr Sam Roberts Chief Executive

Dr Paul Chrisp Centre for Guidelines Director

Alexia Tonnel Digital, Information and Technology Director

## Directors in **attendance**

Jane Gizbert Communications Director

Nicole Gee Interim Chief People Officer

Dr Felix Greaves Science, Evidence and Analytics Director

Helen Knight Acting Interim Director of Medicines

Jeanette Kusel Acting Interim Director of Medtech

Dr Judith Richardson Acting Health and Social Care Director

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Chris Connell Associate Director, Field Team

Boryana Stambolova Deputy Director, Finance, Strategy and Commercial

Jonathan Waghorne Chief of Staff

Pall Jonsson Programme Director, Data and Analytics (item 7)

Seamus Kent Senior Adviser, Data and Analytics (item 7)

Nick Crabb Programme Director, Scientific Affairs (item 8)

Katharine Cresswell Senior Public Engagement Analyst (item 8)

Koonal Shah Associate Director, Science Policy and Research Programme (item 8)

## Apologies for absence (item 1)

1. Apologies were received from Professor Bee Wee, Jennifer Howells and Gail Allsopp.
2. Sharmila Nebhrajani welcomed Sam Roberts, Helen Knight and Jeanette Kusel to their first public Board meetings and noted this was Tom Wright’s last Board meeting before his tenure as a Non-Executive Director ends on 31 March 2022. Sharmila praised Tom’s contribution, in particular promoting NICE’s role in social care and latterly in chairing the Audit and Risk Committee.

## Declarations of interest (item 2)

1. The directors’ previously declared interests recorded on the register of interests were noted. It was confirmed there were no new interests to declare and 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 January 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 19 January 2022 and those open from preceding meetings. Those marked closed on the log were confirmed as complete.

## Report from the Executive Team (item 5)

1. Sam Roberts presented the Executive Team report to the Board, which covered key priorities and areas of progress with the strategy, prominent guidance, and key risks. Highlights from the year so far were noted, including the COVID-19 rapid guidelines that have been viewed over 4.2 million times, and the positive recommendations in 95% of technology appraisal and 100% of highly specialised technologies guidance. Recent achievements in delivering the strategy include publishing the new methods, process and topic selection manual for the health technology evaluation programmes, and progress towards developing a consolidated portfolio of integrated guideline topics. Sam outlined her reflections from her first 6 weeks as Chief Executive and the proposed approach to ensuring the organisation continues to adapt to maximise its focus on what only NICE can do and which provides the greatest benefit to people and patients. This will mean actively drawing in the most cutting-edge improvements in care; rapidly, dynamically, and robustly translating these into useful, useable advice; and purposefully influencing the system to adopt the best possible care for people and patients.
2. Board members welcomed the proposed focusing of NICE’s work in the year ahead and asked what activities will not therefore take place. Sam Roberts outlined the exercise currently underway to identify the 4 or 5 top priorities for 2022/23 and validate these through an engagement exercise. The next step is to then consider what other activities can be delivered alongside these high-level priorities.
3. The Board discussed the role of the multi-agency advisory service (MAAS), in particular the extent this is a passive service or whether it could be used to proactively draw in innovative technology. Jeanette Kusel explained that the MAAS aims to create a single platform for support, information and advice, covering regulation and health technology assessment pathways for artificial intelligence and other data-driven technologies. It aims to be both an information portal signposting to digestible advice, and an advisory platform that can provide access to a range of partners. Board members welcomed the initiative but highlighted the importance of ensuring a coordinated approach with other activities such as the life sciences hub and Office for Digital Health.
4. The Board noted the report.

## Integrated performance report (item 6)

1. Boryana Stambolova presented the integrated performance report, which provided an update on progress with the business plan objectives and deliverables; the status of key performance indicators; and the financial position at the end of January 2022. Boryana summarised the position with the business plan objectives, noting in particular the delayed start to the digital workplace programme and the risks to future funding. The delivery of the guidance and supporting outputs listed in the business plan remains largely in line with that discussed as previous meetings. The financial position at the end of month 10 was an underspend of £1.1m, with the year-end forecast underspend decreasing from £1.2m at the last Board meeting to £0.8m.
2. Board members noted that income from the technology appraisal (TA) and highly specialised technologies (HST) programme is expected to be £1.5m below plan for the year and asked about the risks of achieving the planned income in 2022/23, including whether there will be any impact from the disruption caused by COVID-19. Helen Knight advised that the topics delayed due to the pandemic have now been rescheduled, but there remain some risks around capacity of the external academic centres that contribute to the TA/HST process. Helen noted that the revised charges agreed at the last Board meeting to reflect increases in NICE’s costs since charging was first introduced should positively impact next year’s income position.
3. The Board discussed two key digital initiatives: the digital workplace programme that is rolling out Microsoft 365, and the adoption of a guideline authoring tool to deliver dynamic living guidelines. Given the uncertain financial position for 2022/23, Alexia Tonnel confirmed that the projects in the digital workplace programme will be reviewed to take account of the available resources. Board members emphasised the need to focus on areas that can deliver the biggest impact and benefit (extending the timescales if necessary) and cautioned against solely looking at the smallest and easiest initiatives which may deliver less overall benefit. In relation to MAGICapp, Paul Chrisp confirmed the tool was used to deliver the living guideline recommendations for COVID-19. The licence has now been extended to February 2023 to evaluate how MAGICapp works with non-COVID guidelines and the extent it could be part of the overall technology platform for dynamic living guidelines. The Board noted that the business plan objective for 2021/22 as strictly worded has technically therefore been met but there is not yet a finalised approach to deliver the overarching, longer term objective of selecting a platform for the ongoing publication of living guidelines. Reflecting on this, the Board asked that the integrated performance report is used as a mechanism to flag issues for the Board’s discussion, with the narrative noting, where appropriate, the longer-term position and direction of travel.

Action: Jennifer Howells

1. The Board noted that the vacancy rate has reduced but remains above plan, and that over the same period, the turnover rate has continued to increase and also remains above plan. A question was asked whether the turnover and resulting vacancies are used as an opportunity to deliver NICE’s transformation. Nicole Gee confirmed that the outcome of the recent skills mapping exercise is used to review vacancies when they arise, ensuring they are not simply replaced on a like-for-like basis without consideration of what is required to meet NICE’s future needs.
2. In relation to the commercial and managed access activity to support guidance development, it was noted that the volume of commissions from NHS England and Improvement for some aspects of work were lower than NICE had planned at the start of the year. The importance of being aware of how the requests on NICE may be evolving in this area, including as a result of the Innovative Medicines Fund, was highlighted, as this will help ensure NICE is able to meet the system’s needs and that NICE’s capacity is managed accordingly.
3. Subject to the above comments and action, the Board noted the report.

## Real world evidence framework update (item 7)

1. Felix Greaves, Pall Jonsson and Seamus Kent presented the report that outlined the framework for the use of real-world evidence in NICE guidance development. The framework describes where real-world evidence could inform NICE’s guidance and signals best practice around the planning, conduct, and reporting of real-world evidence studies. It does not impose minimum standards for real-world evidence studies, in recognition that the acceptability of a specific study will depend on the use case, the NICE programme, and a range of other contextual factors such as decision uncertainty. The plan is to publish the framework in April 2022 for a 4 week consultation. It will then be revised in response to the feedback and published in summer 2022. It will be a ‘living’ framework that is developed in response to feedback and learning from its implementation.
2. Board members endorsed the framework and highlighted several issues for further consideration as this work progresses. There was encouragement to engage with the clinicians who will collate much of the real-world evidence in order to highlight the benefits of collecting this data, the importance of appropriate data quality, and to understand any barriers to data collection. Similarly, it was suggested that NICE could have a role in highlighting to the public how real-world data can help improve health and care. It was noted that the framework is currently focused on the use of real-world data to understand clinical effectiveness, but the NHS also increasingly seeks real-world data to examine the impact of digital and diagnostic technologies on workforce efficiency and service design. As such, it was suggested that NICE should consider extending the framework. In response, it was confirmed that the consultation in April will include engaging with health care professionals who collect real-world data and this exercise can also be used to seek views on extending the scope of the framework.
3. The Board

* Endorsed the work undertaken to date and approved the plans for consultation on the framework
* Requested an update on the outcome of the consultation and the next steps.

ACTION: Felix Greaves

## NICE Listens (item 8)

1. Felix Greaves, Koonal Shah and Katharine Cresswell presented the report that outlined the findings and recommendations from the NICE Listens project on health inequalities. Overall, the report concluded that the public support NICE taking action to address health inequalities, though to varying degrees depending on the circumstances. The findings have been used to develop recommendations which have been discussed with the health inequalities oversight group. As this was the first project in the new NICE Listens programme of deliberative public engagement, the report included an evaluation of this approach, with several findings identified to inform future NICE Listens projects. In particular, the report noted that the objectives for future NICE Listens projects should not be too broad; as the greater the focus, the more likely the project is to produce actionable findings.
2. Board members asked whether the exercise indicated what inequalities should be prioritised, and the type and level of trade-offs that would be acceptable to the public. Questions were also raised about the sample size and whether it was possible to ensure the 28 participants were representative of the wider population. In response, it was noted that the sampling was weighted towards people most likely to be affected by health inequalities. Participants were presented with hypothetical trade-off scenarios and overall were willing to sacrifice overall health gain to prioritise health inequalities, but there were differing views as to the extent. The size of the group and extent of the engagement meant it was not possible to identify quantitative trade-offs or seek views on the extent health inequalities should form the basis of a modifier in NICE’s methods. Discussions with the company running the exercise indicated the sample size was though appropriate and if there were more resources, the priority would be to spend more time with the participants rather than increasing the sample size.
3. The Board asked about the next steps and how the findings will be used to influence topic selection and guideline prioritisation, methods for guidance development, and implementation support; and about the future use of the NICE Listens exercise. It was confirmed that the findings will be incorporated into the work programme for NICE’s health inequalities oversight group. The exercise was felt to work well, and will be used again in future, ensuring the topics can inform either NICE’s methods for guidance development or approach to implementation. A likely future topic is the extent that NICE should consider environmental considerations when making recommendations on technologies and interventions.
4. The Board noted the report, supported the next steps, and asked to be updated when the health inequalities oversight group had confirmed any changes to NICE’s approach in light of the recommendations.

Action: Judith Richardson

## Risk management policy (item 9)

1. Boryana Stambolova presented the revised risk management policy for the Board’s approval. The policy, updated in response to an internal audit of risk management, has been reviewed and endorsed by the Audit and Risk Committee. The main changes were outlined in the covering paper and include the adoption of a 5x5 risk scoring matrix in line with best practice.
2. The Board approved the policy.

## Audit and Risk Committee minutes (item 10)

1. Tom Wright presented the unconfirmed minutes of the Audit and Risk Committee meeting held on 26 January 2022 and highlighted the committee’s review of NICE’s cyber security arrangements and the progress made in reducing the risks around senior management capacity and the collaborating centre staff transfer since the committee’s meeting.
2. In the context of the current heightened risks around cyber security, the Board asked whether the committee was assured NICE’s cyber security arrangements are sufficiently robust. Tom Wright confirmed the committee were assured technical safeguards are in place, although there will always remain vulnerabilities around human action. The committee noted the actions to mitigate this risk including new training and regular phishing exercises.
3. The Board noted the unconfirmed minutes.
4. Sharmila Nebhrajani reiterated her comments at the start of the meeting to thank Tom Wright for his contribution as chair of the committee, and noted that an announcement from the Department of Health and Social Care on the new committee chair is expected shortly.

## 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 25 May 2022 at 1:30pm.