**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 20 May 2025 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

Mark Chakravarty Non-Executive Director

Jackie Fielding Non-Executive Director

Alina Lourie Non-Executive Director

Bee Wee Non-Executive Director

Sam Roberts Chief Executive

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

Mark Chapman Director, Medical Technology

Helen Knight Director, Medicines Evaluation

Pete Thomas Director, Finance

## Directors in **attendance**

Nick Crabb Chief Scientific Officer

Jane Gizbert Director, Communications

Clare Morgan Director, Impact and Partnerships

Raghu Vydyanath Chief Information Officer

Helen Williams Chief People Officer

## In attendance

David Coombs Associate Director, Corporate Office (minutes)

Danielle Mason Associate Director, Strategic Communications and Marketing

Vince Doyle Associate Director, Engineering (item 8)

Hayley Garnett Interim Head of Content (item 8)

Thomas Walker Principal Adviser, HealthTech (item 9)

Louise Edwards Programme Director, Implementation and Insight (item 10)

James Koh Scientific Adviser (item 10)

Koonal Shah Associate Director, Science Policy and Research (item 10)

David Wright Head of NICE Sponsorship, Department of Health and Social Care

## Apologies for absence (item 1)

1. Apologies were received from Gary Ford and Justin Whatling.

## Declarations of interest (item 2)

1. Mark Chakravarty noted that he is no longer an adviser for Nye Health and the register of interests would be updated accordingly.
2. 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 public Board meeting held on 19 March 2025 were agreed as a correct record.

## Action log (item 4)

1. The Board noted progress with the actions arising from the public Board meeting on 19 March 2025 and previous meetings.

## Update from the Department of Health and Social Care (item 5)

1. David Wright provided an update from the Department of Health and Social Care (DHSC) and highlighted the extensive work underway at the Department to deliver the Government’s health mission. Policy areas most relevant to NICE include the development of detailed advice for Ministers on proposals for the 10 Year Health Plan and the finalisation of the Life Science Sector Plan. The government has also brought forward the 2024 Voluntary Scheme for Branded Medicines Pricing, Access, and Growth (VPAG) review to June this year in recognition of the higher than expected headline payment percentage for newer medicines and to align with work on the Life Science Sector Plan. These policies are all contingent on the outcome of the Spending Review which is expected in June. David also noted that the DHSC has provided a submission for the Arms’ Length Bodies (ALB) review to the Cabinet Office, but there is no firm timeline for the review’s conclusion.
2. David Wright concluded by putting on record the Department’s continued thanks to NICE colleagues for the constructive and collaborative joint working on these important areas, at the same time as delivering NICE’s business plan.
3. Sharmila Nebhrajani, on behalf of the Board, thanked David for the update and the positive feedback on NICE’s work.

## Integrated performance report (item 6)

1. Sam Roberts introduced the update from the executive team (ET) and the integrated performance report that outlined the end of year delivery of the 2024/25 business plan. Sam highlighted that more than 90% of the business plan milestones were met and NICE outperformed targets on two thirds of the key performance indicators. Four of the five themes in the business plan were rated green at the year-end; the sole amber rated area was due to the higher than planned financial underspend. Sam and ET colleagues highlighted achievements in the year including incorporating 183 technology appraisals into guidelines and making a 26% improvement in the timeliness of medicines evaluation guidance (measured by the time between marketing authorisation and publication of NICE guidance).
2. In relation to the relevance of NICE’s guidance, it was noted that 20 of the 27 topics prioritised by the prioritisation board aligned with key NHS and social care priorities and therefore the target was rated amber. It was queried whether a green rating may be more appropriate if the other 7 topics were nonetheless important for the health and care system. In response, Jonathan Benger assured the Board these 7 topics were selected as they will benefit the health and care system. He noted this was a new measure for the prioritisation board’s first year and alternative ways of measuring NICE’s relevance are being considered, including through the reputation research studies.
3. The Board discussed progress with improving the timeliness of NICE’s medicines evaluation guidance, with the aim of seeking further improvements and increasing the number of topics that are classed as optimal (the topics where it is possible to publish final guidance within 90 days of marketing authorisation). It was noted that NICE will be working with the MHRA to consider how NICE and MHRA processes can be aligned and that a key constraint is that currently NICE is unable to consult on draft guidance before the MHRA has issued the marketing authorisation. It was noted that any drive to increase the proportion of optimal topics will need to be balanced against the level of flexibility available to companies on their participation in the appraisal process. The Board requested a progress update on both the work with the MHRA to enable guidance to publish earlier and on the discussions with the life sciences industry on how to increase the proportion of optimal topics.

Action: Helen Knight

1. Given cyber security remains the highest risk on the strategic risk register an update was requested on progress with mitigating this risk and the testing of NICE’s recovery arrangements. Raghu Vydyanath confirmed that phase 1 of the cyber strategy is almost complete, which has focused on preventative controls and addressing the ‘tech debt’. The next phase will focus on recovery arrangements, with testing planned for quarter 2 in 2025/26. Raghu confirmed that NICE will also look at whether there is any learning from recent high profile cyber incidents in other organisations. The Board welcomed the progress to date and the imminent assessment for cyber essentials plus accreditation. The Board asked for an update on the outcome of the recovery testing when available.

Action: Raghu Vydyanath

1. A question was raised about the impact of the Supreme Court’s ruling that sex is to be understood as biological sex for the purposes of the Equality Act 2010. Helen Williams stated that NICE may need to take some actions once the Equality and Human Rights Commission publishes guidance later in the year, but confirmed NICE is committed to supporting all staff, and in line with our values, NICE must always be a safe and inclusive place for everyone. Clare Morgan stated that the publishing team have been reviewing the implications for NICE’s published guidance and this will be discussed further at NICE’s guidance executive. Sharmila Nebhrajani suggested it may be helpful to liaise with colleagues at the DHSC to explore if any further actions are recommended.
2. The Board discussed the financial position, noting the year-end underspend of £2.35m, and asked about key actions to ensure a lower underspend in 2025/26. In response, Pete Thomas highlighted the planned work under the business plan priority of building financial and commercial agility. This includes improving financial forecasting and planning so resources can be reallocated earlier in the year in the event of emerging underspends and being more proactive in identifying future capacity requirements so that call-off arrangements can be put in place to enable NICE to access resources more quickly and easily.
3. Subject to the comments and actions above, the Board noted the report. On behalf of the Board, Sharmila Nebhrajani congratulated the executive team and staff for the successful delivery of the ambitious 2024/25 business plan.

## Corporate business plan 2025/26 (item 7)

1. Sam Roberts presented the proposed 2025/26 corporate business plan for the Board’s approval, which outlined the strategic aims for year ahead and how they will be delivered, along with key performance indicators for each programme area. Sam highlighted that the plan includes 11 priority projects, some of which continue activity from 2024/25, such as improving the timeliness of NICE guidance, while others are new projects such as the ‘friction free pathway’ that will explore how NICE, the MHRA, and NHS England can work more closely to decrease the time between MHRA marketing authorisation and publication of NICE guidance for medicines (as noted in the earlier discussion on the integrated performance report).
2. Sam Roberts confirmed that the business plan will be reviewed following the publication of the 10 Year Health Plan and the other government reviews discussed earlier in the meeting, and an update would be provided to the July Board meeting on any required changes.

Action: Sam Roberts

1. The Board approved the business plan and delegated approval of any further changes to the Chief Executive.

## Implementation of a platform to enable guidance content management and publication (item 8)

1. Clare Morgan presented the business case for the implementation of a platform to enable the efficient creation, management and publication of guidance content. The platform, and associated functionality, is central to the usable product strategy and seeks to ensure users find it easier to navigate to relevant guidance content, and that content is presented in a way that enables users to make decisions, is provided in a format that is easy for secondary users to access and re-use, and is complete, up to date and accurate.
2. Clare Morgan explained that the multi-year programme will consist of two phases. The first phase in 2025/26 and 2026/27 will focus on procurement, foundations, incremental collaborative design and build, and capability building. The second phase is then full implementation and benefits realisation in 2027/28. Through approval of the business case the Board is asked to provide delegated authority for NICE Executives to spend up to £2.4m through the recommended procurement approaches until the end of 2026/2027. This will be subject to finance and commercial requirements and realising the business benefits identified. Recurrent costs will be met through resource efficiencies in business operating models and retiring technology.
3. Board members asked about the rationale for the recommended procurement route and why option 4 – restarting the prior information notice to explore all technology provision – was not proposed. In response, it was explained that the proposal is informed by the technology already in place at NICE, with the existing services, including the NICE website, hosted on Amazon Web Services (AWS). Fully exploring the technology market to include non-AWS options was not seen as technically or financially viable and would incur a longer implementation timeframe. The proposal, option 3 in the business case, is to therefore undertake a competitive procurement process with vendors in the AWS ecosystem, with a potential direct award of parts of the work to AWS where appropriate – for example where only AWS could provide this work. Any such direct award would only be undertaken where this complied with procurement regulations and could be shown to provide value for money to NICE.
4. Board members discussed the business case and welcomed the inclusion of contingency in the financial planning. It was noted that the business case will require wider business transformation and there was encouragement to consider how the investment will support the upskilling of in-house expertise to take forward the platform in future years. Board members also highlighted the importance of user testing and welcomed this will be part of the business change programme.
5. Board members asked about the process for overseeing the investment and highlighted the importance of tracking the benefits to give assurance these are realised. In response, Clare Morgan outlined the proposed programme governance, with updates provided to the Board through the integrated performance report. Clare confirmed that interim benefits measures will be developed to track progress during the course of the investment, and there will be periodic ‘stop/go’ reviews where funding will be released contingent on the successful realisation of the planned benefits.
6. The Board discussed the risks around the fidelity of NICE content during the creation and ongoing management of the semantic data models, especially if it is learning system. Clare Morgan confirmed that NICE has stipulated that the recommendations in the semantic database must remain fully consistent with the published recommendations, and a range of mitigations will be in place to manage this risk, including using human expertise to validate that the content remains correct and undertaking content audits.
7. Following a question from the Board, Clare Morgan confirmed the work could potentially be accelerated if additional funding is available in-year, including for example from an underspend elsewhere in NICE.
8. The Board:
   * Approved the business case and delegated authority to NICE Executives to spend up to £2.4m over the next two financial years (until the end of 2026/2027) subject to the necessary external spend controls.
   * Confirmed this expenditure will be subject to realising the business benefits identified.
   * Agreed that recurrent costs will be met through resource efficiencies in business operating models and retiring technology.
   * Supported the proposed procurement approach (option 3 in the business case) with any direct award undertaken when this complies with procurement regulations and can be shown to demonstrate value for money to NICE.
   * Supported the programme governance structure and requested periodic updates on delivery.
   * Requested that the risk around the fidelity of content is added to the programme risk register.

Action: Clare Morgan

## HealthTech manual post consultation (item 9)

1. Mark Chapman presented the paper that outlined the feedback from the consultation on changes to the HealthTech manual and proposed minor updates to NICE health technology evaluations: the manual and the Interventional procedures programme manual.
2. Thomas Walker summarised the feedback and NICE’s response. He noted that overall the feedback was generally positive. Respondents welcomed the requirement that medical devices would no longer have to be cost saving to be recommended. While the benefits of moving to a multiple technology approach in guidance were acknowledged, some respondents cautioned this should not cause delays to assessment and access to novel technologies if only a single technology is available. The consultation also highlighted some concerns about the proposal to use patient experts rather than appointing a specialist committee member as happens for some HealthTech guidance topics currently. Thomas explained the rationale for the proposal, which seeks to provide greater transparency in guidance production by ensuring that input from healthcare professionals and patient experts, and discussion of this, is in the public part of a committee meeting. It was noted that the HealthTech programme will continue to work with the People and Communities Involvement and Engagement (PCIEP) team at NICE to explore and further improve the way patients and carers are able to contribute to NICE guidance. Thomas noted that respondents to the consultation also suggested further work is required to ensure the manual reflects the needs of assessing HealthTech, and he confirmed this will be addressed through the next phase of consultation on further updates to the manual later this year.
3. The Board:
   * Approved publication of the HealthTech manual.
   * Approved publication of NICE’s thematic responses to comments on the consultation.
   * Approved the minor updates to NICE health technology evaluations: the manual and the Interventional procedures programme manual.
   * Approved implementation of the HealthTech manual for July 2025.

## NICE’s role in addressing health inequalities (item 10)

1. Koonal Shah and Louise Edwards presented the annual update on progress with delivering the cross-institute health inequalities work programme and the proposed plan for next year. Highlights over the last year included further progression towards a more systematic approach to considering health inequalities in NICE’s methods and guidance production; the approval of a ground breaking therapy for sickle cell disease made by possible by committee consideration of the potential health inequalities impact; and a formal partnership with the Race Health Observatory to enhance the health inequalities lens in production of NICE guidance and enhance NICE’s efforts to support uptake and adoption.
2. Proposed plans for 2025/26 will continue to be based on four core areas of focus: a targeted approach to health inequalities in methods and guidance production; addressing health inequalities through the uptake and adoption of NICE guidance; developing partnerships to support action on health inequalities; and having a health inequalities focus within NICE. This work will be progressed by a cross-institute programme delivery group.
3. The Board welcomed the modular update to the Health Technology Evaluations manual to include new sections detailing the different types of relevant health inequalities evidence and how committees will factor this evidence into their recommendations. The Board also welcomed the plan to provide training on how to interpret the update and the relevant types of health inequality evidence to the NICE technical teams, External Assessment Groups (EAGs) and committees, and also the intention to monitor the frequency of health inequality considerations and how these are handled by the committees. The Board asked to be updated on this monitoring to provide assurance the update is working as intended.

Action: Helen Knight

1. Board members supported the proposed inclusion of socio-economic inequalities and the opportunities for social value procurement in the 2025/26 work programme and highlighted the Social Value TOM (Themes, Outcomes, Measures) System as a tool to record and report social value.
2. Subject to the above action, the Board noted the progress and supported the proposed plan for the health inequalities work programme for 2025/26.

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

1. Alina Lourie presented the Audit and Risk Assurance Committee’s (ARAC) annual report to the Board which outlined the committee’s work over the year and provided assurance on the effectiveness of NICE’s governance, risk management, financial and internal control arrangements. The report also outlined proposed minor amendments to the committee’s terms of reference following their annual review.
2. Key areas of focus over the year included cyber security and the risk register, which will both remain committee priorities in 2025/26 along with the work to improve NICE’s commercial and financial agility. The committee were pleased to report there were no control breaches in 2024/25 and all of the internal audit reviews received an opinion of ‘moderate assurance’ with a proposed overall moderate assurance opinion for the 2024/25 head of internal audit opinion.
3. Sharmila Nebhrajani highlighted the importance of testing NICE’s recovery arrangements in the event of a cyber or other incident such as a power outage and noted the discussion earlier in the meeting and planned testing. The committee were asked to review the outcome of this testing and report their findings to the Board.

Action: Raghu Vydyanath / Alina Lourie

1. Sharmila Nebhrajani noted that the committee membership will be updated in 2025/26 following the planned appointment of new non-executive directors to the NICE Board and Justin Whatling stepping back from the committee due to his executive commitments in another organisation
2. The Board:
   * Noted the report and welcomed the committee’s positive conclusions on the financial reporting, internal control and governance processes.
   * Approved the minor amendments to the committee’s terms of reference.

## Audit and Risk Assurance Committee: unconfirmed minutes of the meeting held on 7 May 2025 (item 12)

1. Alina Lourie presented the unconfirmed minutes of the Audit and Risk Assurance Committee meeting held on 7 May 2025. Alina highlighted the committee agreed to reduce the rating of the workforce risk following the completion of the management of change consultation in the medicines evaluation directorate and progress with the mitigations for this risk. The committee also agreed the topics to be reviewed as part of the 2025/26 internal audit plan.
2. The Board received the minutes.

## Any other business (item 13)

1. There was no further business to discuss.

## Next meeting

1. The next meeting of the Board will be held on 18 June 2025 (private meeting to approve the annual report and accounts).