**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting   
held on 22 July 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

Gary Ford Non-Executive Director

Alina Lourie Non-Executive Director

Keith Ridge Non-Executive Director

Frank Smith 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

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

Sarah Bartel Senior Programme Manager, Centre for Guidelines (item 5)

Auz Chitewe Programme Director, Improvement (item 5)

Jenna Dilkes Associate Director, Planning and Operations (item 7)

Brad Groves Director, NICE Advice (item 7)

Jeanette Kusel Programme Director, Methods, Research and Health Economics (item 7)

Thomas Walker Health Technology Assessment Adviser (item 8)

Sarah Byron Programme Director, HealthTech Strategy & Development (item 8)

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

## Apologies for absence (item 1)

1. Apologies were received from Justin Whatling and Clare Morgan, with the latter represented by Louise Edwards.
2. Sharmila Nebhrajani welcomed Keith Ridge and Frank Smith to their first Board meeting since being joining the Board on 1 July 2025.

## Declarations of interest (item 2)

1. Sharmila Nebhrajani highlighted that a member of her family has recently commenced a 1 year undergraduate placement with Roche in clinical operations, which has been entered onto the register of interests.
2. Gary Ford noted that he has been appointed as a clinical adviser for Carnall Farrar which would be added to the register of interests.
3. These, 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.
4. Bee Wee noted that her role on the Commission on Palliative and End of Life Care had ended. On a related note, Sharmila Nebhrajani, on behalf of the Board, congratulated Bee for receiving the Lifetime Achievement Award for Excellence in Palliative Care at the national Palliative and End of Life Care Awards.

## Minutes of the last meeting (item 3)

1. The minutes of the public Board meeting held on 20 May 2025 and the private Board meeting held on 18 June 2025 were agreed as correct records.

## Action log (item 4)

1. The Board noted progress with the actions arising from the public Board meeting on 20 May 2025 and previous meetings. It was agreed that the actions marked closed were completed.

## Improvement story (item 5)

1. Sharmila Nebhrajani highlighted that NICE is on a transformation journey and the Board has agreed to begin its meetings with a member of staff providing their personal experience of the improvement journey.
2. Sarah Bartel, Senior Programme Manager within the Centre for Guidelines, delivered a presentation on the theme of ‘failure’ and what she had learnt from her work on the committee management strand of the timeliness programme. Through this programme of work, the team used continuous quality improvement (CQI) methodology to test ideas through the plan, do, study, act (PDSA) cycle. In January the team trialled a new method for sending papers to committee members which did not work, leading to frustration from committee members and staff. This was overcome through working collaboratively to identify what caused the issue and then resolve it.
3. Sarah stated this was a new way of working that meant working outside of her comfort zone demonstrating the value of being bold. It was a managed risk in that it was just one committee and there was an alternative way of ensuring access to the committee papers. Sarah stated that the CQI approach has been empowering for staff and also helped her develop as a leader. She highlighted the importance of the Board giving space for teams to test ideas in a managed way.
4. The Board thanked Sarah for her presentation and endorsed the importance of senior staff talking about failure and encouraging innovation.

## Update from the Department of Health and Social Care (item 6)

1. David Wright provided an update from the Department of Health and Social Care (DHSC) and highlighted the publication of the Government’s 10 Year Health Plan, the Life Sciences Sector Plan and the industrial strategy. The 10 Year Health Plan is part of the Government’s health mission to build a health service fit for the future and sets out how the Government will transform the NHS through three radical shifts: hospital to community; analogue to digital and sickness to prevention. The Life Sciences Sector Plan sets out a ten-year mission to harness UK science and innovation to drive long-term economic growth and build a stronger, prevention-focused NHS. David stated that the Sector Plan has been developed in tandem with the 10-Year Health Plan, resulting in a cohesive policy package that supports both the Government's health and economic growth missions. David highlighted that, as noted at the last Board meeting, the Government has brought forward the 2024 review of the Voluntary Scheme for Branded Medicines Pricing and Access (VPAG) to June in recognition of the concerns raised by industry regarding the higher-than-expected headline payment percentage rates under this scheme, which exceeded both Government and industry forecasts. David stated that the review remains underway, and the Government remains committed to finding a solution that works for patients, the NHS and industry.
2. David also noted that the Cabinet Office continues to work through the returns provided by departments as part of the Arms Length Body (ALB) review. He concluded by highlighting senior staffing changes at the DHSC with David Simmons taking up the role of interim senior sponsor for NICE.
3. Sharmila Nebhrajani, on behalf of the Board, thanked David for the update.

**NICE’s role in delivering the 10 Year Health Plan and Life Sciences Sector Plan (item 7)**

1. Sam Roberts presented the overview of NICE’s commitments in the 10 Year Health Plan and Life Sciences Sector Plan and the plans to deliver these. Sam noted that both documents endorse NICE’s core purpose and together with the Regulatory Action Plan anchor NICE’s and wider partners’ focus on ambitious targets including making the UK the third fastest in Europe for medicines access by 2030 and getting medicines to patients three to six months faster by reducing the time between marketing authorisation and publication of NICE technology appraisal guidance. Other targets include enabling commissioners and practitioners to improve outcomes and unlock the best value care by reevaluating existing guidelines, and driving the adoption of HealthTech through the rules based pathway. These will be delivered by implementing three priority projects: faster, fairer roll-out of high impact HealthTech; updating guidance to drive smarter spending; and parallel decisions with the MHRA to facilitate faster patient access to medicines.
2. Sam Roberts outlined the three projects and the key milestones in 2025/26. By April 2026 NICE will have launched a rules based pathway expanding NICE technology appraisals to HealthTech; started to update guidance to expand patient access and started to sequence and phase out some medicines or technologies; and launched a new, joint MHRA/NICE pathway, supported by scientific advice and information sharing to facilitate faster access to medicines. Sam stated that from 2026/27, NICE will support commitments in the 10 Year Health Plan and Life Sciences Sector Plan for a new and proportionate approach to NICE appraisals for medicines with large numbers of indications and the move to a Single National Formulary (SNF) for medicines.
3. Sam Roberts outlined the proposed changes to NICE’s 2025/26 business plan to accommodate these commitments in the 10 Year Health Plan and Life Sciences Sector Plan. Six of the proposed priorities in the business plan will continue at pace to support delivery of the commitments, while three priorities (single programme of support for guidance uptake, embedding improvement into our ways of working, and the improving timeliness programme) will be refocused on the commitments in the 10 Year Health Plan and Life Sciences Sector Plan. Work on the remaining two business plan priorities (improved approach to funding variations and building financial and commercial agility) will be reduced in scope.
4. Board members thanked Sam Roberts for the update and welcomed that the commitments in the 10 Year Health Plan support and reinforce NICE’s existing strategy. The Board discussed the targets set for NICE and partners. The discussion highlighted the importance of being clear on NICE’s role in delivering these targets and the levers for doing so, and which aspects of the targets require action by partners. For example, it was noted that while NICE can produce technology appraisal guidance more quickly, this does not in itself guarantee faster patient access to these medicines given NHS England and the wider NHS are responsible for adoption of NICE guidance. Similarly, while Board members welcomed the commitment to select two HealthTech topics for technology appraisal as part of the rules based pathway, the importance of sufficient investment being available to support adoption of these technologies was highlighted.
5. The Board discussed the commitment to update guidance to drive smarter spending as part of the dynamic assessment and noted that while some aspects, such as the use of biosimilars, may be cost saving, an expanded population for existing technologies may add cost to the system if this would increase health benefits.
6. Board members highlighted the importance of engaging with the NHS on the changes and also considering the interface with the national quality agenda. The proposed single national formulary was welcomed as a way to reduce local duplication and there was encouragement to consider how NICE could give this further impetus. In response, it was noted that NICE is meeting with the Integrated Care Systems to discuss what the commitments mean in practice for the NHS, and NICE will also consider what channels can be used to engage clinical networks as part of a proactive communications approach. It was confirmed that NICE will support work on the single national formulary (SNF) and seek to ensure the SNF reflects the outputs from the dynamic assessment process, including the sequencing of medicines or an expanded population for a currently recommended medicine. Jonathan Benger stated that he is a member of the national quality board and NICE is engaging with NHS England to seek to reflect NICE guidance in the proposed modern service frameworks and is also engaging with the Care Quality Commission to seek to reflect NICE guidance in future assessments.
7. It was noted that NICE’s framework agreement with the DHSC was last updated in 2018. Given the changes in the national policy context, it was suggested that it would be helpful to update the agreement to outline the respective roles and responsibilities of NICE and key partners in delivering the 10 Year Health Plan and Life Sciences Sector Plan. David Wright confirmed that the Department is aware of the need to review the agreement but it is important to consider the best time to do this given the upcoming transfer of NHS England into the DHSC will affect the framework agreement.
8. The Board:
   * Agreed the delivery timing of the 10 Year Plan and Life Sciences Sector Plan priorities for NICE.
   * Agreed the updates to the 2025/26 business plan.
   * Requested further information on (a) how the targets set for NICE to deliver the commitments relate to each other and (b) where progress is contingent on partners’ activity.
   * Asked that the integrated performance report is updated to reflect the commitments for NICE in the 10 Year Plan and Life Sciences Sector Plan and the changes to the business plan.

Action: Sam Roberts

# HealthTech manual update (item 8)

1. Mark Chapman presented the proposed updates to the HealthTech manual for consultation, which build on the updates to the manual published on 14 July 2025 that introduced many improvements including the lifecycle approach to evaluation, merging three programmes to one HealthTech programme and setting multi-tech cost-effectiveness evaluation as standard. This second section of the HealthTech manual includes an updated methods section for HealthTech guidance and methods for assessing HealthTech products in existing use (‘late stage assessment’ [LSA]). Mark noted that feedback from the after action reviews of the LSA guidance produced under the interim methods and process will be used alongside comments received during the consultation to finalise the manual post-consultation.
2. To enable the manual to publish as quickly as possible, Mark Chapman asked the Board to delegate to Guidance Executive approval of any subsequent changes to the manual post-consultation and the response to consultation comments to avoid a delay in guidance delivery. An update on the final manual and feedback from consultation would then be provided to the Board for information in December.
3. Nick Crabb explained that the existing manual used for NICE’s technology appraisals (PMG36) will be updated to provide the methods and processes to develop guidance on HealthTech with mandated funding through the rules based pathway. These proposed amendments are expected to come to the September public Board meeting for approval to submit these to consultation.
4. Commenting on the proposed updates to the HealthTech methods in this current consultation, a Board member suggested amending paragraph 2.1.9 on the scope to more explicitly reference the need for staff or user training.
5. The Board:
   * Approved the manual for public consultation
   * Delegated to Guidance Executive approval of any subsequent changes to the manual post-consultation and the response to the consultation comments.

## Integrated performance report (item 9)

1. Sam Roberts introduced the update from the executive team and the integrated performance report (IPR) that provided an overview of progress with the 2025/26 business plan to date. At this early point in the year, all of the programme areas and the majority of key performance indicators are rated green. Sam confirmed that as noted earlier in the meeting, the IPR will need to be updated to reflect the 10 Year Health Plan and Life Sciences Sector Plan commitments and changes to the business plan.
2. In relation to the timely and high quality programme, it was noted that the improving timeliness project continues with the gains from the first phase being rolled out more widely. Sam Roberts highlighted the good progress with improving timeliness in the medicines and guidelines programmes, and stated that she and Mark Chapman were reviewing the factors affecting the timeliness of the HealthTech guidance. The performance in the medicines evaluation programme was particularly positive given the potential disruption from the management of change process. Sam highlighted the positive progress with the relevance programme, including the rules based pathway and dynamic assessment activities discussed earlier in the meeting together with the work on the AI statement of intent.
3. In relation to the usable programme, Raghu Vydyanath updated the Board on progress with the procurement for a new platform to manage and publish guidance content following approval of the business case at the May public Board meeting.
4. As part of the impactful programme, Louise Edwards stated that following feedback from the Board on the implementation strategy, work has been undertaken to identity priority topic areas where NICE could have greatest impact on implementation. Louise also noted the feedback from the first Integrated Care System (ICS) roundtable, with further sessions planned with other regions to help NICE understand their challenges and how NICE can work with them.
5. Helen Williams summarised the wide range of activity underway as part of the brilliant organisation programme, including the workshop to mobilise activity on the financial and commercial agility objective; the activity to embed improvement into ways of working; and the work to strengthen NICE’s reputation and influence through proactive communications.
6. Pete Thomas updated the Board on the financial position and stated that at the end of month two the forecast year-end position is an overspend of £462k. Total net expenditure is currently £592k below budget, but the year-end forecast deficit is due to the DHSC withholding expected funding for increased employer National Insurance Contributions (£700k) until ALB requirements and the impact on the overall DHSC financial position are more fully understood. Pete stated that discussions will continue with the DHSC to secure the additional funding, unless NICE can identify ways internally to absorb the pressure. Income continues to be a risk. While this is currently tracking to plan for both NICE Advice and the technology appraisal programme, this will be closely monitored. In particular, Pete noted that the national and international policy context could affect the number and timing of technology appraisals, which could in turn affect income, especially in future years.
7. In response to a question from the Board about the likelihood of the DHSC providing funding for the National Insurance cost pressure, David Wright confirmed that he is speaking to finance colleagues at the DHSC about this and the implications for NICE.
8. Board members asked about the impact of the refocusing of the business plan priority on financial and commercial agility. Pete Thomas stated that while the project is led by the Finance, Corporate and Commercial directorate (FCC), it relies on input from across the organisation. Due to the need to focus on delivery of the 10 Year Health Plan and Life Sciences Sector Plan commitments, the work in this priority area will be refocused. The objectives for the financial decision-making element remain unchanged and the team are committed to the work on procurement and contract management including enabling access to increased capacity. The biggest change is to the income element of this project, which will focus on bringing a strategy to the Board seminar in September, which would then be delivered primarily in the following financial year.
9. Board members welcomed the positive progress to date with the business plan and asked about the key areas of risk. In response, executive team colleagues highlighted the financial position and the uncertainty over the provision of funding for the increased costs of National Insurance contributions and the risks of reduced activity in the technology appraisal programme. Other risks were noted to include the relevance programme given the required input from partners, and the potential risk of staff not having sufficient time to engage with continuous quality improvement activity.
10. The Board discussed progress with the development of structured recommendations as part of the usable programme, which had been rated amber in the report. It was noted that good progress has been made in the medicines and HealthTech guidance programmes, however the position is more challenging in the guidelines programme given the nature of the guidance and recommendations. User research is underway to explore how NICE articulates the strength of recommendations in guidelines, particularly focusing on interpretation of terms like “offer” and “consider”. Jonathan Benger confirmed that he and Clare Morgan are committed to resolving this issue which is central to the aim of integrating NICE guidance, and proposals will be presented to the Guidance Executive in September. It was noted that the milestone had moved to green since the IPR was produced.
11. Subject to the comments and actions above, the Board noted the report.

## Update from lead NED for workforce engagement (item 10)

1. Bee Wee presented the report that provided an overview of her activities over the last year as lead non-executive director (NED) for workforce engagement. Bee noted that she raised psychological safety as a concern in last year's report, but this appears to be less prominent during the past year which may be due to the focused work on NICE values and behaviours over the past 12 months. The restorative justice practice at NICE is more embedded and Bee noted that she had received positive feedback on this from Unison. Bee also paid tribute to the staff networks and their impact. She noted an emerging concern, that remains under discussion, is the balance between providing safe spaces for specific subgroups, and inclusivity and facilitating freedom of speech. Bee also highlighted some feedback that the narrative around empowerment does not always penetrate to frontline staff. It is hoped this will be addressed through development of leadership capabilities, particularly among middle management, and the work on the improvement culture.
2. Sam Roberts thanked Bee for the insightful feedback and acknowledged that of the NICE values, empowerment and being bold are the areas that have proved most challenging. The executive team are reflecting on how to address this and would welcome any suggestions from Board members.
3. Looking ahead to the next year, Bee highlighted her plans for engaging with staff. She will also hold periodic joint meetings with the Deputy Chief People Officer, Freedom to Speak Up Guardians and Network Chairs to share ‘soft intel’ and triangulate findings. Bee recommended that the Board formally discuss the bullying and harassment report at the September Board meeting following its previous circulation via email.
4. In response to a question from the Board, Bee outlined the planned next steps for engaging with the committees that produce NICE guidance. Bee explained that the intention is to undertake a survey of the committee members and she has contacted the committee chairs for suggestions for any specific areas or questions they would like to include in the survey.
5. The Board noted the report and thanked Bee for her work.

## Annual report and accounts (item 11)

1. The Board formally received the annual report and accounts for 2024/25 which had been laid before Parliament following approval at the private Board meeting on 18 June 2025.

## Modern slavery and human trafficking statement (item 12)

1. The Board approved the modern slavery and human trafficking statement for 2024/25 which outlined the action taken over the last year and the next steps and planned actions for 2025/26 ensuring NICE continues to assess and monitor potential risk areas in modern slavery and human trafficking. Following prior approval by the executive team, the statement will now be published on the NICE website.

## Any other business (item 13)

1. There was no further business to discuss.
2. Sharmila Nebhrajani noted that Danielle Mason is leaving NICE shortly and thanked Danielle for facilitating the public questions and answers at the Board meetings, and for her wider contribution to NICE.

## Next meeting

1. The next meeting of the Board will be held on 18 September 2025.