**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

# Minutes of the Board Strategy Meeting

19 June 2019 in the Derwent meeting room, NICE London office

*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.*

## Present

**Non-Executive Directors** Professor Tim Irish

Professor Angela Coulter

Dr Rima Makarem

Tom Wright

**Executive Directors** Sir Andrew Dillon

Ben Bennett

Professor Gillian Leng

Alexia Tonnel

**Directors in attendance** Meindert Boysen

Paul Chrisp

**In attendance** Dr Amanda Adler

Dr Peter Jackson

Norma O’Flynn

Dr Michael Rudolf

Nicola Bent

Nick Crabb

Rebecca Willans

David Coombs (minutes)

## Apologies (Board and Senior Management Team) (item 1)

1. Apologies were received from Sir David Haslam, Professor Sheena Asthana, Professor Martin Cowie, Elaine Inglesby-Burke and Jane Gizbert.

## Declarations of interest (item 2)

1. None.

## Minutes of April 2019 Board strategy meeting (item 3)

1. The minutes of the Board Strategy meeting on 17 April 2019 were agreed as a correct record.

### Matters arising (item 4)

1. It was noted that the actions arising from the Board Strategy meeting on 17 April 2019 were complete.

### Chief Executive’s update (item 5)

1. Andrew Dillon updated the Board on recent developments. He noted that:

* Ministers have decided to readvertise the post of NICE Chair. The revised timescale is to be finalised, but is likely to entail interviews in September or October, with the proposed appointee attending the Health Select Committee in October or November. David Haslam has offered to stay a further short period, but Tim Irish will likely need to step up from Vice Chair to Acting Chair until the new appointee is in place.
* Potential changes to NICE’s role in public health are being discussed with NHS England (NHSE), the Department of Health and Social Care (DHSC) and Public Health England (PHE). Under the proposals NICE would cease surveillance on the majority of the published public health guidelines, and focus on those which link with the core healthcare portfolio. The changes would seek to remove duplication between NICE and PHE and release capacity within NICE for other priorities.
* The senior management team (SMT) will shortly review the results from the 2019 staff survey. A summary will also be shared with the Board prior to receiving a full report on the results and the action plan at the September public Board meeting.
* The lease agreement for the new London office will shortly be signed and planning for the move is intensifying, supported by a working group of senior staff representing London teams. SMT have reviewed the financial support for affected staff and agreed to maintain the inner London high cost area supplement (HCAS) payments for existing and new staff, and agreed transitional arrangements to recompense staff for additional travel costs and manage the impact of any significant increased journey times.
* SMT have discussed the consequences of introducing charging in the technology appraisals programme for the arrangements for exiting the cancer drugs fund (CDF). Andrew noted that failure for a company to pay for a reappraisal at the end of the CDF review period would mean NICE is unable to publish guidance that would enable routine commissioning. However, a number of steps would be taken to engage the manufacturer in such circumstances to seek to prevent the need for such action.
* Following feedback from the Board and attendees at the May Board meeting, the question time session will in future include a short presentation from the field team on NICE’s work in the local area. To accommodate this, Andrew stated that he will no longer give an opening presentation, and instead, the Chair’s introduction will be extended to briefly summarise the information he previously covered and also refer to a couple of topical developments.
* NICE is currently potentially facing judicial reviews into the final draft highly specialised technologies (HST) guidance on cerliponase alfa for children with neuronal ceroid lipofuscinosis type 2 (CLN2), and the decision to route sapropterin for treating phenylketonuria to the technology appraisal rather than HST programme. While it is not yet known if either of these will result in a full judicial review hearing, the legal costs in defending these are to be charged to the 2018/19 financial year as the obligating events took place in that year. A provision will therefore need to be added to the 2018/19 annual accounts and this will be discussed at the formal Board meeting later today. Andrew briefed the Board on the level of risk in each challenge. The SMT have previously considered the routing of sapropterin and may need to return to this issue. He noted that it had already been agreed to review the HST topic selection criteria, and proposals will come to the Board following engagement with DHSC and NHSE.

1. The Board noted the update and welcomed the proposed changes to the question time session. The Board noted the importance of promoting the Board meetings to the local health service, particularly when meetings are held in a hospital venue.

ACTION: Jane Gizbert

### NICE Foundation (item 6)

1. Andrew Dillon presented the report that set out the conclusions from the project group that considered the case for establishing a charitable company, the NICE Foundation, to provide the platform to expand NICE’s existing fee for service activities and develop new education and research collaborations.
2. Andrew stated that although the project group remain committed to the idea of an independent charitable platform, closely associated with NICE, offering the opportunity to enhance and expand its non-public task functions, the uncertainty about the financial forecasts and the lack of a committed and enthusiastic transferring staff and management group means that the Foundation proposal is not viable in its current form. He stated that the Board might however wish at some point to consider a different opening configuration for the Foundation, which would not rely on existing activity and income being transferred from NICE. Instead, it would focus on international, educational and policy research work, drawing on NICE’s core purpose and skills, with the aim of attracting funding partners within its first 12 months.
3. The Board discussed the group’s conclusions and noted that the uncertainty about the financial position and the decision in December that it was not feasible to include NICE’s science policy and research teams in the Foundation, affected staff and management support for the proposal. As in the project group, mixed views were expressed by the Board on the scope for the Foundation to generate new income, however on balance it was agreed to support the project group’s recommendation and stand down the current plans for establishing the Foundation. The Board expressed support for continuing to explore the alternative configuration for the Foundation outlined in the paper. Andrew Dillon would consider an appropriate timescale for this work and return to the Board with further proposals at a suitable point.

ACTION: Andrew Dillon

### Policy on declaring and managing interests for advisory committees (item 7)

1. Gill Leng presented the proposed amendments to the policy on declaring and managing interests for advisory committees following its first year of operation. The amendments take account of feedback from guidance teams and the conflicts of interest reference panel that comprises executive and non-executive directors. The changes seek to reinforce the risk based approach to handling interests and address the recommendations in a research study published in the British Medical Journal (BMJ) about funding from the life sciences industry to patient groups who participate in NICE’s guidance development process.
2. The Board discussed the proposed additions to the policy about funding provided to patient groups. It was agreed to further strengthen these provisions by requiring all witnesses giving oral evidence to a committee to declare their nominating organisation’s interests in the matter under review, including funding from the commercial sector. It was felt this would not significantly increase the burden on the individual as the nominating organisation would also likely have made a written submission and be required to declare their organisational interests under the provisions in the revised policy.
3. Norma O’Flynn, chief operating officer for the National Guideline Centre, welcomed the amendments to the policy which she felt reinforced a proportionate and risk based approach to managing interests. To further support this approach, she suggested amending paragraph 34 of the policy to provide flexibility to appoint committee members who may be excluded from more than 50% of the committee’s discussions.
4. Subject to these amendments, the amended policy was agreed for submission to the July public Board meeting. Once ratified at that meeting, it was agreed the policy would be issued for immediate implementation and reviewed on a three yearly cycle.

ACTION: Gill Leng

### Patient safety senior management team lead (item 8)

1. Paul Chrisp presented the proposal to establish a senior management lead for patient safety, who would be the visible owner for patient safety projects and the key point of contact on patient safety for external stakeholders. It is envisaged that the role will develop a patient safety policy and develop a central monitoring system for patient safety issues. Subject to the Board’s agreement, expressions of interest for the role will be sought from members of the senior management team, their deputies, and medical consultants employed by NICE.
2. The Board supported the proposals.

### NICE Connect (item 9)

1. Gill Leng provided an update on the NICE Connect project and noted the work underway to prepare the report on the next steps to the September Board meeting. Gill highlighted the positive staff engagement at the first ‘lunch and learn’ session, with further events planned. The Centre for Health Technology Evaluation’s methods review will consider medicines sequencing, which will be central to linking the technology appraisals programme with NICE Connect.

### EU exit (item 10)

1. Meindert Boysen stated that the ‘no deal’ risk register will be reviewed and updated prior to the July Board meeting to reflect the current position and work undertaken in recent months. He highlighted that NICE has been invited to a meeting with the MHRA, Office for Life Sciences and senior life science stakeholders to discuss the UK’s future economic partnership with the EU. Andrew Dillon stated that in addition to the ‘no deal’ planning it will also be appropriate to consider any risks arising from a ‘with deal’ EU exit once the detail of any such deal are available.

### Committee chair update (item 11)

1. Dr Michael Rudolf, chair of Quality Standards Advisory Committee 2, gave a presentation on the Committee’s work. He reminded the Board that quality standards are short action focused statements that are designed to drive and measure quality. They focus on areas of practice that are in need of aspirational, but achievable and affordable, improvements at the local level. Local commissioners are the primary audience, but they are also useful to local providers for benchmarking in service improvement activity. Dr Rudolf summarised the process for developing quality standards, and highlighted examples of how they have been used by the health and care system. He noted challenges facing the programme, including to recruit and retain standing members, and the evidence base for public health and social care quality standards.
2. On behalf of the Board, Tim Irish thanked Dr Rudolf for the Committee’s work. Board members noted the value of quality standards and their prominence in the Health and Social Care Act 2012. It was suggested that it would be helpful to promote both this, and the positive work to involve people with learning disabilities in a recent topic.

### Any other business (item 12)

1. None.

### Date of the next meeting

1. The next Board strategy meeting will be on Wednesday 21 August 2019 in the Derwent, NICE offices, London.