

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Public Board Meeting held on 30 January 2019  
at The Spitfire Ground, St Lawrence, Old Dover Road, Canterbury, CT1 3NZ**

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.

**Present**

Dr Rosie Benneyworth	Vice Chair and Non-Executive Director (Acting Chair)
Professor Sheena Asthana	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Elaine Inglesby-Burke	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director
Tom Wright	Non-Executive Director

**Executive Directors**

Sir Andrew Dillon	Chief Executive
Professor Gillian Leng	Health and Social Care Director and Deputy Chief Executive
Alexia Tonnel	Evidence Resources Director

**Directors in attendance**

Meindert Boysen	Centre for Health Technology Evaluation Director
Paul Chrissp	Centre for Guidelines Director
Jane Gizbert	Communications Director
Catherine Wilkinson	Acting Business Planning and Resources Director

**In attendance**

David Coombs	Associate Director – Corporate Office (minutes)
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**19/001 APOLOGIES FOR ABSENCE**

1. Apologies were received from Sir David Haslam, Professor Martin Cowie and Ben Bennett.

**19/002 DECLARATIONS OF INTEREST**

2. Angela Coulter stated that she has been appointed to Health Data Research UK's public advisory board, and Rima Makarem stated that she has been appointed as an interim non-executive director of The Hillingdon Hospitals NHS Foundation

Trust. These, and the previously declared interests already recorded on the register were noted, and it was confirmed there were no conflicts of interest relevant to the meeting.

### **19/003 MINUTES OF THE LAST MEETING**

3. The minutes of the public Board meeting held on 21 November 2018 were agreed as a correct record.

### **19/004 MATTERS ARISING**

4. The Board reviewed the progress with the actions arising from the public Board meeting held on 21 November 2018 and noted that:
  - The actions relating to the impact reports and workforce strategy are in progress.
  - The external reference group for the NICE Connect project includes lay representation.
  - The terms of reference for the pathways advisory committee were updated to reflect the amendments requested by the Board.

### **19/005 CHIEF EXECUTIVE'S REPORT**

5. Andrew Dillon presented his report, which described the main programme activities to the end of December 2018 and summarised the financial position at the end of the same period. He highlighted the current consultation on the principles that describe the way NICE undertakes its work.
6. The Board discussed research recently published in the British Medical Journal about financial links between patient groups nominating witnesses to NICE's advisory committees and the life sciences industry. Andrew Dillon stated that currently NICE requires a declaration of interests from patients and service users if they attend an advisory committee meeting to give evidence in person. Where they attend in a personal capacity, though they may have been suggested by an organisation, we cannot necessarily expect them to know the detail of the nominating organisation's interests and so the declaration is limited to their personal affairs. Andrew highlighted that as any such witnesses will unlikely know of financial links between the nominating organisation and life sciences industry, and that they do not themselves take part in the committee's decision making, it is unlikely that recommendations have been compromised by any lack of disclosure by people nominated by patient organisations. The extent for further safeguards will however be considered as part of the current review of NICE's policy on declaring and managing interests.
7. The Board noted the challenges facing the enquiry handling team and the current backlog of correspondence awaiting a response. It was noted that actions are being considered to address this issue, including taking a proactive approach to identify guidelines that may generate high volumes of enquiries.

8. The Board received the report.
9. In response to a question from the audience, Andrew Dillon confirmed that the vacancy rate is not a cause of concern for the Senior Management Team.

## **19/006 FINANCE AND WORKFORCE REPORT**

10. Catherine Wilkinson presented the report which outlined the financial position at 31 December 2018 and gave an update on workforce developments. Year to date, there is a financial underspend of £1.1m. This is forecast to increase to £1.8m by the year-end, which is £0.9m higher than the underspend forecast in the report to the November Board meeting.
11. The mental health first aid scheme was welcomed, and it was suggested that it would send an important cultural message to staff if at least one member of the Senior Management Team (SMT) undertook the training to become a mental health first aider. Andrew Dillon agreed to follow this up with the SMT.

### **ACTION: Andrew Dillon**

12. The Board discussed the substantial forecast underspend on the £0.5m capital budget. Catherine Wilkinson and Andrew Dillon confirmed that planning is underway for capital expenditure on the Manchester office, however due to the need to ensure the investment most effectively meets NICE's requirements, and then undertake the required technical planning and secure the necessary agreements from the landlord, this investment will now likely take place in 2019/20.
13. The Board received the report.
14. In response to a question from the audience, the role of the mental health first aiders to provide initial advice and support to fellow staff was clarified.

## **19/007 NICE IMPACT REPORT: SEXUAL HEALTH**

15. Gill Leng presented the report on how NICE's guidance can contribute to improvements in sexual health, and highlighted NICE's positive partnership working in this area. Gill noted the reduction in conceptions in women under 18 years old, and stated that while it is hard to directly attribute this to NICE guidance, it is nonetheless a positive trend. She added that the implementation team use the findings in the impact reports to inform their work, and the scope for the reports to help prioritise the field team's activities will also be explored.
16. Board members welcomed the report, including the potential impact on teenage pregnancy rates of NICE's outputs on long acting reversible contraception. The challenges of attributing the impact of NICE's guidance was highlighted, particularly given the wide range of socio-economic factors that can influence public health outcomes. It was agreed that providing international comparators where available, and greater detail on the range of variation between different

parts of the country would help evaluate the impact of NICE's guidance. Gill Leng agreed to take this into account for future impact reports.

**ACTION: Gill Leng**

17. The Board received the report.

**19/008 THE USE OF DATA ANALYTICS AT NICE: PROGRESS REPORT**

18. Gill Leng presented the progress update on the activities to enhance NICE's capability to identify and use data and analytics in its work. Two members of staff have been recruited to a new data and analytics team, and there are positive ongoing discussions with external organisations with an interest in data and analytics. Over the coming year the team's focus will be to develop a framework for the appropriate use of data analytics across NICE's programmes; develop an external strategic engagement plan to support NICE's use of data analytics; and develop a long-term data and analytics strategy for NICE.
19. The Board discussed the current and proposed external engagement activities, including through the data and analytics external reference group and discussions with IT and data companies. Following suggestions from the Board, Gill stated that she would explore whether a representative from the data analytics industry could join the external reference group, and the best way to utilise the expertise of some of the large patient groups in this area – either through membership of the reference group or when work on specific disease areas is underway.

**ACTION: Gill Leng**

20. The Board noted the update.
21. A member of the audience asked about the security of data that may be used in this work. Alexia Tonnel confirmed that a key aspect of the strategy will be to consider the governance arrangements for the data, and NICE is collaborating with partners on a system-wide approach to the appropriate handling of data. Angela Coulter added that Health Data Research UK will be developing, in conjunction with the public, a set of standards for the use of data.

**19/009 NHS LONG TERM PLAN: INITIAL OVERVIEW OF THE EXPECTATIONS AND OPPORTUNITIES FOR NICE**

22. Andrew Dillon presented the report that summarised the expectations and opportunities for NICE of the NHS Long Term Plan that was published on 7 January 2019. In addition to the direct references to NICE in the plan, work is underway to identify the ways in which NICE's products can help deliver the ambitions for specific services and conditions in the plan. This will both feed into discussions at the strategic level with NHS England and NHS Improvement, and inform the field team's work at the local level.
23. In response to questions from the Board, Andrew Dillon confirmed that the 2019/20 business plan will reference NICE's role in supporting delivery of the Long Term Plan, and that the NICE Connect project will provide the opportunity

to support the plan's ambition to integrate health and care services. He confirmed that NICE will not solely focus on the Long Term Plan and will also consider other strategic challenges such as multi-morbidity.

24. The Board noted the report and welcomed the proposed activities.
25. A member of the audience from the life sciences industry asked about the new Medtech funding mandate, noting this is proposed to only apply to non-pharmaceutical medical technologies that have been assessed as cost saving. In response, Meindert Boysen stated that non-pharmaceutical technologies that improve outcomes but increase costs can be assessed through the technology appraisal programme, and therefore attract a funding direction.

## **19/010 AUDIT AND RISK COMMITTEE MINUTES**

26. Rima Makarem, chair of the Audit and Risk Committee, presented the unconfirmed minutes of the committee's meeting held on 28 November 2018. She noted that the committee subsequently met again last week, and the minutes from that meeting will be presented to the Board's next meeting in March.
27. The Board received the unconfirmed minutes.

## **19/011 NICE CONNECT**

28. Gill Leng provided a verbal update to the Board on progress with the NICE Connect project, and noted that the advisory committee is meeting monthly, with an internal steering group meeting fortnightly. A number of meetings with interested parties and technology companies are also underway. Gill stated that critical success factors for the pilot are being developed, and the work undertaken to date reinforces the need to look at both how guidance is presented and produced.
29. The Board noted the update.
30. In response to questions from the audience, Gill Leng clarified the nature of the project, and highlighted the existing diabetes guidance available on the NICE website.

## **19/012 RENEWAL OF TENURE FOR CHAIRS OF THE TECHNOLOGY APPRAISAL AND MEDICAL TECHNOLOGIES ADVISORY COMMITTEES**

31. Meindert Boysen presented the paper that set out the proposal to renew the tenure of the chairs of two technology appraisal committees, and the chair of the medical technologies advisory committee at the end of their 10 year period of service in order to allow the Centre for Health Technology Evaluation to continue to benefit from their experience and expertise while it goes through a period of significant change. Given the rationale of seeking to retain this expertise, the Board is asked to waive the requirement that a renewal of tenure beyond 10 years can only be agreed after the individual has reapplied for the role in open competition.

32. The Board considered the proposal and agreed to:
  - Renew the tenure of Dr Jane Adam as Chair of Technology Appraisal Committee A until June 2022.
  - Renew the tenure of Dr Amanda Adler as Chair of Technology Appraisal Committee B until June 2021.
  - Renew the tenure for Dr Peter Groves as Chair of the Medical Technologies Advisory Committee until March 2021.
33. The Board agreed that these reappointments could be made without open competition.

#### **19/013 REMUNERATION COMMITTEE TERMS OF REFERENCE AND STANDING ORDERS**

34. Rosie Benneyworth, on behalf of David Haslam, presented the updated terms of reference and standing orders for the Remuneration Committee, following a scheduled review. The amendments reduce the length of the document and remove repetition, following similar changes to NICE's other key governance and senior management committees.
35. The Board approved the updated terms of reference and standing orders

#### **19/014 VICE CHAIR AND SENIOR INDEPENDENT DIRECTOR**

36. Rosie Benneyworth, on behalf of David Haslam, presented the paper on the next steps following her resignation from the NICE Board in order to take a new role at the Care Quality Commission. She noted that given his proposed appointment as Vice Chair, Tim Irish has stood down from the role of Senior Independent Director (SID), and the non-executive directors (NEDs) have been given the opportunity to take on the role of SID. One expression of interest was received for the role of SID – from Rima Makarem.
37. The Board:
  - Appointed Professor Tim Irish as Vice Chair with effect from 1 March 2019.
  - Appointed Dr Rima Makarem as the Senior Independent Director (SID) with effect from 1 March 2019.
  - Noted that in line with the committee's terms of reference, the NICE Chair, Sir David Haslam, will appoint a further NED to the Remuneration Committee following the new Vice Chair and SID appointments.

**ACTION: David Haslam**

#### **19/015 DIRECTOR'S REPORT FOR CONSIDERATION**

38. Paul Chrisp presented the update from the Centre for Guidelines and highlighted several points of note, including collaborations with: Public Health England on antimicrobial prescribing guidance; the Data Science Campus at the Office for

National Statistics on the scope to utilise artificial intelligence to help identify links between NICE's products; and the National Institute for Health Research (NIHR) to refine the processes for identifying when key NIHR funded trials are published and may impact on NICE guidelines. Paul briefly updated the Board on the status of the work to develop guidelines on cannabis-based products for medicinal use; diagnosis and management of myalgic encephalomyelitis/chronic fatigue syndrome; and abdominal aortic aneurysm: diagnosis and management.

39. The Board noted the report and thanked Paul for the Centre's work.

#### **19/016 – 19/019 DIRECTORS' REPORTS FOR INFORMATION**

40. The Board received the Directors' Reports.

#### **19/020 ANY OTHER BUSINESS**

41. Andrew Dillon noted this was Rosie Benneyworth's last public Board meeting at NICE before leaving to take up the role of Chief Inspector of Primary Medical Services and Integrated Care at the Care Quality Commission. On behalf of the Board, Andrew paid tribute to Rosie's contribution as a NED, Vice Chair, and most recently as NICE's acting chair.

#### **NEXT MEETING**

42. The next public meeting of the Board will be held at 1.30pm on 20 March 2019 at Lancaster Town Hall, Dalton Square, Lancaster LA1 1PJ.