**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

Public Board Meeting and Annual General Meeting held on 17 July 2019

**at Northampton Guildhall, Northampton, NN1 1DE**

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

Sir David Haslam Chair

Professor Sheena Asthana Non-Executive Director

Professor Angela Coulter Non-Executive Director

Professor Martin Cowie 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

Ben Bennett Business Planning and Resources Director

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 Chrisp Centre for Guidelines Director

Jane Gizbert Communications Director

In attendance

David Coombs Associate Director – Corporate Office (minutes)

# 19/057 APOLOGIES FOR ABSENCE

1. None.

# 19/058 DECLARATIONS OF INTEREST

1. Martin Cowie declared his recent appointment as a trustee of a patient charity, the Atrial Fibrillation Association, which would be added to the register of interests. This, and the previously declared interests recorded on the register were noted, and it was confirmed there were no conflicts of interest relevant to the meeting.

# 19/059 MINUTES OF THE LAST MEETING

1. The minutes of the Board meetings held on 22 May 2019 and 19 June 2019 were agreed as correct records.

# 19/060 MATTERS ARISING

1. The Board reviewed the actions arising from the public Board meeting held on 22 May 2019 and noted that:
* Meindert Boysen would review the delays in the technology appraisal programme due to the regulatory process and inform the Board of any thematic issues.
* The reservation of powers to the Board and scheme of delegation had been amended as agreed by the Board.
* All other actions were in progress.

# 19/061 CHIEF EXECUTIVE’S REPORT

1. Andrew Dillon presented his report which provided an update on the main programme activities to the end of June 2019 and summarised the financial position at the end of May. He noted that it will be important to closely track the income received from charging for the technology appraisal (TA) and highly specialised technologies (HST) programmes, and welcomed the positive engagement from the companies subject to the new cost recovery arrangements to date. Andrew highlighted the progress with the business plan objectives and performance against the balanced scorecard metrics. He stated that an evaluative commissioning output was delivered to NHS England in the first quarter, so this target should have been marked as green in the report and not red. All targets in the balanced scorecard were therefore either green or amber at the end of the first quarter.
2. The Board received the report.

**19/062 ANNUAL REPORT AND ACCOUNTS 2018/19**

1. Andrew Dillon presented the annual report and accounts 2018/19 which had been laid before Parliament following approval by the Board on 19 June.
2. The Board received the annual report and accounts and welcomed the year’s achievements and the accessible presentation of the report.
3. A member of the audience asked if there are any themes about the implementation of NICE guidance in the impact reports. Gill Leng stated that a key theme is the variability in implementation within different aspects of a piece of NICE guidance and between different parts of the country. A recurring challenge is the availability of data and therefore NICE is seeking to encourage national data collection in priority areas for improvement.

# 19/063 FINANCE AND WORKFORCE REPORT

1. Ben Bennett presented the report which outlined the financial position at 31 May 2019 and provided an update on workforce developments. At the end of this period there is a £0.3m underspend. The full-year forecast is an overspend of £0.8m, wholly attributable to an under recovery of technology appraisal (TA) and highly specialised technologies (HST) income in this first year of charging companies for these programmes. Ben reminded the Board that the business plan included a £1.6m deficit due to the delay in introducing these new charging arrangements, which the Department for Health and Social Care have agreed to underwrite. Although currently ahead of plan, future income remains uncertain and information will regularly be presented to the Board on income generated, work in progress and the TA and HST topic pipeline.
2. The Board received the report.

**19/064 ANNUAL WORKFORCE REPORT**

1. Ben Bennett presented the annual workforce report that outlined the composition of the workforce at 31 March 2019 and key issues of note over the year. He welcomed Grace Marguerie, Associate Director – HR, to the meeting to respond to the Board’s questions.
2. The Board reviewed the report and welcomed the level of information provided. Board members raised a number of comments and queries on the report, including the actions taken to retain staff through providing career development opportunities; the completion of appraisals; the gender pay gap; and actions taken to increase the diversity of the workforce and to ensure staff are comfortable disclosing their sexual orientation. In response, it was noted that various initiatives are in place to nurture talent and a significant proportion of appointments are to internal candidates. The Board was advised that the gender pay gap would unlikely be due to differences in the approach to pay negotiation between men and women, as in line with the Agenda for Change pay framework, new starters are appointed at the bottom of the pay band unless clearly defined criteria are met. Grace acknowledged the non-disclosure rate in the sexual orientation data but stated that the staff diversity group have not raised this as an area of concern, and view the bigger challenges to be around ethnicity and disability. She stated that work is underway to seek to further increase the diversity of the workforce, including reviewing the way positions are advertised. Also, the introduction of a new applicant tracking system will provide the opportunity to further analyse data on the conversion rate of applicants from different ethnic backgrounds. It was noted that the move to a new London office and proposed works to the Manchester office provide an opportunity to enhance the accessibility of the working environment.
3. The Board received the report. It was agreed that it would be helpful for next year’s report to provide a longer time series for the data where appropriate to track changes in performance, and include data on average length of tenure in each grade to help understand turnover. It was noted that data on the completion of appraisals will be provided to the September Board meeting, once the current appraisal round is complete.

ACTION: Ben Bennett

**19/065 ANNUAL REVALIDATION REPORT**

1. Gill Leng presented the annual revalidation report that outlined the policies, systems and processes needed to support the appraisal and revalidation of doctors. The report also highlighted the position on revalidation for other registered health and care professionals, and the actions NICE has put in place to address this.
2. The Board received the report and approved the ‘statement of compliance’ which confirms that NICE, as a Designated Body, is compliant with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

# 19/066 NICE IMPACT REPORT: ADULT SOCIAL CARE

1. Gill Leng presented the report on how NICE’s guidance contributes to improvements in adult social care, and highlighted that the report has been more challenging to produce than previous reports on other topics due to limited availability of national data given that social care is delivered by thousands of providers. Gill noted that future impact reports will be produced as an HTML webpage rather than a pdf document to ensure they meet accessibility requirements and enable the content to be more easily shared and promoted.
2. The Board noted and welcomed the benefit of working with the Care Quality Commission (CQC) to enhance the impact of NICE guidance. In particular, it was noted that incorporating the guidance into the CQC’s key lines of enquiry can be an important mechanism in driving improvements in social care. The reference to NICE’s guidance in the CQC’s review of oral health care in care homes was welcomed, and it was suggested that it would be helpful if future reviews asked if people had implemented and not just read the guidance. Gill agreed to explore this further with the CQC.

ACTION: Gill Leng

1. Board members expressed disappointment at some of the findings in the report, including the responses to the personal social services adult social care survey about cleanliness and hygiene. It was noted that the drive to integrate health and care services provides the opportunity to improve both outcomes and data collection.
2. The Board received the report.
3. A member of the audience highlighted that linking with the CQC’s enforcement regime is key to increasing the impact and implementation of NICE guidance.

# 19/067 REVIEW OF METHODS FOR THE HEALTH TECHNOLOGY EVALUATION PROGRAMMES

1. Meindert Boysen presented that paper that set out the scope of the methods review for the technology appraisals programme (TA), highly specialised technologies programme (HST), medical technologies evaluation programme (MTEP), and the diagnostics assessment programme (DAP). He outlined the approach to stakeholder engagement through the working party and steering group, and noted there will be a patient working group to get feedback from patient organisations and offer proposals for improved patient involvement. Meindert thanked colleagues for their input to the review to date.
2. In response to a question from the Board, Meindert explained that the review will consider whether to codify the approach taken by committees to apply a modifier when a technology is aimed at children, and also consider whether any changes are required to methods to take account of the high cost and curative potential of gene therapies. He confirmed that the review will look at patient reported outcome measures and the way uncertainty is presented. He agreed that the timescale for undertaking the review is challenging, but stated it is deliverable.
3. The Board approved the scope of the methods review for the health technology evaluation programmes.

# 19/068 POLICY ON DECLARING AND MANAGING INTERESTS FOR ADVISORY COMMITTEES

1. Gill Leng presented the proposed amendments to the policy on declaring and managing interests for advisory committees. The policy has been reviewed following its first year of operation and the amendments seek to reinforce the risk based approach to handling interests. They take account of feedback from the guidance teams and conflicts of interest reference panel, and research in the British Medical Journal about funding from the life sciences industry to patient groups participating in NICE’s TA programme.
2. A question was raised from the Board about the approach for handling a scenario whereby a committee chair who has not published a clear view on the matters to be considered by the committee before their appointment, subsequently appear to be a strong proponent of a position once appointed. Andrew Dillon stated this extends beyond the remit of the interests policy and relates to the committee recruitment process, which should explore a candidate’s willingness to objectively consider the evidence and receptiveness to alternative viewpoints.
3. The Board approved the policy for immediate implementation across the advisory committees, with the policy’s next scheduled review in three years.

# 19/069 PUBLIC INVOLVEMENT PROGRAMME ANNUAL REVIEW

1. Gill Leng presented the report that outlined public involvement activities across NICE in 2018/19, and welcomed Laura Norburn, from the Public Involvement Programme, to the meeting. Laura outlined some points of note in the report including the work on shared decision making, and the activities to involve children, young people, and people with learning difficulties in developing guidance and quality standards. Laura thanked the large number of people who have shared their knowledge and experiences of care to ensure that NICE’s guidance fully reflects the needs of patients, people using services, their families, carers and the public.
2. The Board received the report and welcomed the programme’s work.

# 19/070 AUDIT AND RISK COMMITTEE MINUTES

1. Rima Makarem, chair of the Audit and Risk Committee, presented the unconfirmed minutes of the committee’s meeting held on 19 June 2019. She highlighted the new requirement to comply with the Cabinet Office’s counter fraud functional standards and stated that the committee will review the required submissions in September.
2. The Board received the unconfirmed minutes.

# 19/071 – 19/075 DIRECTORS’ REPORTS FOR INFORMATION

1. The Board received the Directors’ Reports.
2. In response to a question from the Board, Paul Chrisp and Gill Leng provided further background to the proposed collaboration with the British Thoracic Society and Scottish Intercollegiate Guidelines Network to develop a single consistent guideline for diagnosis and management of asthma. They noted the specific challenges with the existing multiple guidance and feedback from stakeholders about the benefits of a consistent approach. They highlighted that the proposed work will use NICE’s methodology.

# 19/076 ANY OTHER BUSINESS

1. None.

# NEXT MEETING

1. The next public meeting of the Board will be held at 1.30pm on 18 September 2019 at Sheffield Town Hall, Pinstone Street, Sheffield S1 2HH.