

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**Public Board Meeting held on 18 January 2017 in the Education Centre,
University Hospital Lewisham, London, SE13 6LH**

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

Professor David Haslam	Chair
Professor Sheena Asthana	Non-Executive Director
Dr Rosie Benneyworth	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Professor Martin Cowie	Non-Executive Director
Elaine Inglesby-Burke	Non-Executive Director
Dr Rima Makarem	Non-Executive Director
Andy McKeon	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
Ben Bennett	Business Planning and Resources Director

Directors in attendance

Professor Mark Baker	Centre for Guidelines Director
Jane Gizbert	Communications Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Mirella Marlow	Programme Director – Device and Diagnostic Systems and Deputy Centre for Health Technology Evaluation Director

17/001 APOLOGIES FOR ABSENCE

1. Apologies were received from Tim Irish and Professor Carole Longson.

17/002 CONFLICTS OF INTEREST

2. None.

17/003 MINUTES OF THE LAST MEETING

3. The minutes of the public Board meeting held on 16 November 2016 were agreed as a correct record.

17/004 MATTERS ARISING

4. The Board reviewed the actions arising from the Board meeting held on 16 November 2016. It was noted that:
 - Centres and directorates are addressing the issues arising from the staff survey through locally developed action plans.
 - A report on the regional engagement events is included on the agenda for this meeting.
 - The NICE Charter has been updated to reflect the discussion at the last Board meeting and published on the website.
 - An update on NICE's support for appropriate investment and disinvestment is scheduled for the March Board meeting.
 - Sheena Asthana has been appointed as the fourth member of the Audit and Risk Committee. As discussed at the last meeting, four members are felt to be sufficient for the current time.
 - Following the submission of expressions of interest and a subsequent ballot amongst Board members, Tim Irish will take up the role of Senior Independent Director when Andy McKeon retires from the Board in May.
 - The Senior Management Team have agreed an updated risk appetite statement which will be presented to the Board in February, following consideration by the Audit and Risk Committee next week.

17/005 CHIEF EXECUTIVE'S REPORT

5. Andrew Dillon presented his report, describing the main programme activities to the end of December 2016 and the financial position to the end of November. He highlighted that the proposals for NICE to recover the costs of the technology appraisal (TA) and highly specialised technologies (HST) programmes from the participating companies are on hold until the Government completes its life sciences strategy. The financial plan for 2017-18 has been updated accordingly. If NICE does not receive permission to proceed with the cost recovery proposals then actions for addressing the resulting financial shortfall in 2018-19 and beyond will be brought to the Board.

6. Following questions from the Board, Andrew Dillon confirmed that NICE continues to implement its revised role with the Cancer Drugs Fund (CDF) in line with the agreed timescale. Also it was noted that the actions to address the recommendations from the triennial review are largely complete. Work remains ongoing to confirm NICE's future international activities, and the Board will be updated on this area in May. There is also an outstanding action to investigate the possibility to benchmark NICE with international comparators.
7. The Board received the report.
8. A member of the public referred to the work undertaken to map the respective roles of NICE and Public Health England (PHE), and asked whether there is a diagram available to explain these roles to the public. Gill Leng stated that she would discuss further with colleagues in PHE how the respective roles of the two bodies could be explained to the public.

ACTION: Gill Leng

9. In response to a question from a member of the public about the mental wellbeing and independence for older people quality standard, Andrew Dillon outlined the nature and role of a quality standard. It was noted that the quality standard in question, and all others published by NICE, are available on the NICE website.

17/006 FINANCE AND WORKFORCE REPORT

10. Ben Bennett presented the report which outlined the financial position as at 30 November 2016 and provided an update on the workforce strategy. The full year forecast out-turn is a £3.1m underspend against the revenue resource limit. Ben highlighted the update on the 2020 programme in the report, and the activities planned in the upcoming 'healthy work week'. In addition, he noted that the learning management system is now live.
11. Rima Makarem, chair of the Audit and Risk Committee, asked about the income received from the NICE Scientific Advice service, and whether there are restrictions on its use. Ben Bennett advised that income generated from non-exchequer funded activities can be retained at the year-end. The internal policy has been that such income is usually reinvested in the same area.
12. The Board received the report.

17/007 REGIONAL STAKEHOLDER EVENTS

13. Jane Gizbert presented the report that summarised the report from the four regional stakeholder events held in the autumn of 2016. She asked the Board to consider how to respond to the feedback and to reflect on the value of these type of events as a means of NICE engaging with its stakeholders in the context

of NICE's broader stakeholder engagement activities. Jane thanked colleagues involved in organising the events.

14. The Board discussed the report and the feedback from the events. Whilst mindful of the need for caution in interpreting the feedback given the level of attendance, a number of themes were noted. NICE was seen as a credible and trusted brand, but awareness of NICE's full remit was low, particularly in the areas of social care and public health. Attendees requested more help with implementing NICE guidance, and feedback indicated the scope to clarify NICE's role in relation to other national organisations, particularly Public Health England. In the Board's discussion it was suggested that NICE should consider the format for NICE guidance, including whether the various types of NICE guidance could be simplified in both content and type. Also, any future events should be arranged around integrated care, in line with the national and local drive to integrate care. Closer alignment of NICE standards with Care Quality Commission inspection criteria was also suggested.
15. The Board discussed whether the events should be repeated, taking account of the level of attendance, the costs of organising the events, and the request at the Bristol event to hold a follow-up session. It was noted that the recurring themes and conclusions from the events tended to reinforce previous feedback rather than identify new issues. The Board agreed to consider whether to repeat the events as part of a wider discussion of NICE's engagement with stakeholders through conferences and events. A paper setting out proposals will be brought to the February Board Strategy meeting.
16. The Board agreed the report for publication on the website. The report should also be circulated to the attendees, with an explanation that NICE will consider whether to repeat the events in the context of NICE's wider engagement activities.

ACTION: Jane Gizbert

17. A member of the public asked if NICE holds meetings in venues specifically used by black and minority ethnic groups, and whether Board papers are routinely published in a range of languages. Andrew Dillon confirmed that where guidance particularly affects part of the population, NICE will consider the scope for targeted engagement activities. As copies in other languages are not routinely requested, translation of the Board papers is not felt to be an appropriate use of public funds.

17/008 NICE AND THE LIFE SCIENCES INDUSTRY

18. Andrew Dillon presented the position paper that set out the ways NICE works with the life sciences industry in the development of guidance, and by participating in national and international policy. The paper presents a public statement of NICE's role and commitment to supporting the growth of a thriving life sciences sector and concludes with NICE's proposed contribution to the

Government's life sciences industrial policy. Andrew thanked Carole Longson for her contribution to the paper.

19. The Board discussed and endorsed the paper. It was agreed that the paper should be amended to reference the diversity of the life sciences sector and also note NICE's role in relation to medicines optimisation. Noting this paper is focused on the Government's life sciences industrial strategy, Andrew Dillon agreed to consider the scope for an accompanying paper that sets out NICE's broader relationship with the diverse life sciences industry, which could for example, include further detail on medicines optimisation and medical devices and technologies.

ACTION: Andrew Dillon

20. Martin Cowie referred to the proposal to design and manage novel evidence generation processes and new data driven funding models for fast track approval and reimbursement of cost effective technologies. He noted the importance of balancing this innovation with NICE's reputation for rigorous evaluation of evidence. Andrew Dillon noted these approaches are an important way of taking account of uncertainty and providing advice on new technologies. Mirella Marlow noted that 'real world' data can be an option where evidence from randomised controlled trials is not available.

17/009 A SHARED COMMITMENT TO QUALITY: REPORT FROM THE NATIONAL QUALITY BOARD

21. Gill Leng presented the recently published report from the National Quality Board (NQB) and highlighted the impact for NICE. She confirmed that NICE will continue to work with partners in the NQB to embed the framework across the health system.
22. Andy McKeon asked whether there is further scope to promote NICE guidance through incorporation in the Care Quality Commission standards. Also, whether NHS providers' could measure the implementation of NICE guidance through clinical audits, and report the results in their quality accounts. Gill Leng confirmed that the Health and Social Care directorate will be looking at how to increase the uptake and implementation of NICE guidance as part of its work programme.
23. The Board noted the report.

17/010 PATIENT SAFETY AND THE REDUCTION OF RISK OF TRANSMISSION OF CREUTZFELDT-JAKOB DISEASE

24. Mirella Marlow presented the proposal to update NICE's guidance on the reduction of risk of transmission of Creutzfeldt-Jakob disease (CJD) in light of the change in evidence base and circumstances since the guidance was

published in 2006. She outlined the proposed methodology for this update, utilising a sub-committee of the Interventional Procedures Advisory Committee.

25. The Board approved the proposal to update the guidance through the approach outlined in the report.

17/011 REMUNERATION COMMITTEE MEMBERSHIP

26. David Haslam presented the paper on the membership of the Remuneration Committee. In addition to the NICE Chair, the committee has in practice comprised the Audit and Risk Committee Chair and the Vice Chair (and Senior Independent Director) in recognition of the synergies between these positions and the committee's governance role. The proposal is to formalise this in the committee's terms of reference and standing orders. If the Senior Independent Director is also the Vice Chair or Audit and Risk Committee Chair, then a fourth non-executive director will be appointed to the committee.
27. The Board approved the amendments to the Remuneration Committee's Terms of Reference and Standing Orders, and delegated to the NICE Chair the authority to appoint a fourth member of the committee, should this be required.
28. Following a query from Gill Leng, it was agreed that the committee's role in relation to the clinical excellence awards would be clarified. Any resulting amendments to the Remuneration Committee's terms of reference will be brought back to the Board for approval.

ACTION: Andrew Dillon / David Haslam

17/012 DIRECTOR'S REPORT FOR CONSIDERATION

29. Mark Baker presented the update from the Centre for Guidelines. He drew the Board's attention to key items of note in the report, and outlined changes in the Centre over the last 18 months, and the further changes planned in the next 18 months. These include a reduction in the number of guideline committees and a shift in focus from developing new guidelines to maintaining existing guidelines.
30. Mark Baker responded to a number of questions from the Board on the report, and confirmed that the Centre is likely to complete the planned number of surveillance reviews by the end of the year. He commented on the decision not to renew the contract with the Social Care Institute for Excellence (SCIE) to produce NICE's social care guidelines. Given SCIE developed guidelines in accordance with NICE's processes and methods, transfer of responsibility for producing the guidelines should not have a significant impact. Mark confirmed that the emergency and acute medical care service delivery and organisation guideline is in development and due to publish by the end of the year.
31. The Board discussed the accessibility of NICE guidelines, the role of shared decision making, and the extent to which lay members are able to effectively

contribute at committees. Mark Baker highlighted that the NICE pathways visually present NICE's recommendations; but the narrative in the guidelines is important in explaining the rationale for recommendations. The upcoming guidance on managing common infections will utilise a shorter and more visual format. If this is successful, the scope for wider adoption in NICE guidance can be explored. The Board noted the current consultation on proposals for improving how patients and the public can help develop NICE guidance. Also, NICE's role in promoting shared decision making was noted and welcomed. Board members highlighted that shared decision making should be a mindset to inform ongoing discussions between clinicians and service users, rather than limited to specific decision points in the care pathway.

32. The Board received the report and thanked Mark Baker for the work of the Centre.

17/013 – 17/016 DIRECTORS' REPORTS FOR INFORMATION

33. The Board received the Directors' Reports.
34. In response to a query from the Board, Mirella Marlow confirmed that a range of options are being considered to address the risk regarding capacity within the technology appraisals programme, and the Senior Management Team will review these shortly.
35. A member of the public asked whether the reports to the Board could provide more information on how NICE takes equalities considerations into account, when for example, recruiting staff and committees, and developing guidance. Andrew Dillon confirmed NICE's commitment in these areas, highlighting that NICE's methods and processes outline the approach for taking account of equalities considerations when developing guidance. He noted that although equality issues did not explicitly feature in reports to this meeting, further information on this is included in the annual equality report to the Board.

17/017 ANY OTHER BUSINESS

36. None.

NEXT MEETING

37. The next public meeting of the Board will be held at 1.45pm on 15 March 2017 in the Town Hall, Market Place, Durham, DH1 3NJ.