

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Public Board Meeting held on 15 November 2017  
in the Corn Exchange, 1 George Street, Exeter, EX1 1BU**

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
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
Ben Bennett	Business Planning and Resources Director
Professor Carole Longson	Centre for Health Technology Evaluation 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)
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**17/091 APOLOGIES FOR ABSENCE**

1. Apologies were received from Elaine Inglesby-Burke.

**17/092 CONFLICTS OF INTEREST**

2. There were no conflicts of interest declared.

3. David Haslam noted that he is unpaid adviser to Vopulus Ltd a healthcare education organisation, and will shortly hold shares in the organisation.<sup>1</sup> Tim Irish declared that he recently joined the Board of Life Sciences Hub Wales Ltd. The register of interests has been updated accordingly.

#### **17/093 MINUTES OF THE LAST MEETING**

4. The minutes of the Public Board Meeting held on 20 September 2017, and the Board meeting held in private on 16 August 2017 were agreed as correct records.

#### **17/094 MATTERS ARISING**

5. The Board reviewed the actions arising from the Board meeting held on 20 September 2017, noting:
  - The first part of the two stage consultation on changes to the technology appraisal (TA) programme closes shortly. If the consultation feedback indicates the need for material revisions to the proposals, these will be brought to the Board, otherwise the second stage of the consultation on the detailed amendments to the process guide will proceed as agreed at the last Board meeting.
  - Recruitment to the expert patient panel has commenced.
  - The actions relating to antimicrobials and the annual equality report are in hand.

#### **17/095 CHIEF EXECUTIVE'S REPORT**

6. Andrew Dillon presented his report, describing the main programme activities to the end of October 2017 and summarising the financial position at the end of September 2017. The report also includes performance against the measures in the balanced scorecard. Halfway through the year, performance is largely on track, with narrative provided for the small number of measures below target performance.
7. The Board received the report.

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<sup>1</sup> **Post meeting note:** Subsequent to the declaration the transaction was not completed. David Haslam does not therefore hold any shares in companies with interests in the NHS or social care.

## **17/096 FINANCE AND WORKFORCE REPORT**

8. Ben Bennett presented the report which outlined the financial position at 30 September 2017 and provided an update on the workforce strategy. There is a total underspend of £1.7m, largely driven by the £1.2m underspend on pay budgets. The full year forecast position estimates the current rate of underspend will reduce and the forecast outturn for the year is a £2m underspend.
9. Board members noted the pay underspend and asked about the impact of the vacancy rate on staff and NICE's performance. Ben Bennett stated that whilst the headline vacancy rate is 10%, a number of posts are intentionally held open to prepare for the further reductions in NICE's grant in aid funding in April 2018. The actual vacancy rate, taking account of this action, is closer to 5%. The turnover rate, 10%, is similar to other organisations and as shown in the Chief Executive's report, NICE's performance has remained on track. The Senior Management Team briefly commented on recruitment challenges in their centre/directorate, and the mitigating actions, which have included utilising external capacity in the Centre for Guidelines and the Evidence Resources Directorate. Asked whether the underspend was too high, Ben stated that a prudent approach has been taken in order to prepare for the further funding reductions in April. The Senior Management Team will continue to consider any suitable proposals to utilise this underspend, providing it does not incur financial commitments beyond the current financial year.
10. The Board received the report.

## **17/097 NICE IAPT ASSESSMENT BRIEFINGS**

11. Gill Leng presented the update on progress with the development of the NICE IAPT assessment briefings (IABs), which form part of a programme commissioned by NHS England. Gill thanked Paul Chrisp, Programme Director for Medicines and Technologies for leading this work.
12. Board members welcomed these new activities. Given the likely external scrutiny of this innovative programme, the importance of a transparent assessment and clear rationale for the evidence evaluation methodology was highlighted. The need to take account of equality considerations in terms of the access to the digital IAPT services was also raised.
13. In response to questions from the Board, Gill Leng and Paul Chrisp clarified the remit of the programme. Whilst the briefings will be published on the NICE website, NICE has been commissioned to evaluate technologies for use in the IAPT programme rather than provide advice and guidance to those seeking to utilise the digital services outside of the IAPT programme. Likewise, NICE will not issue advice to the health and care system on a technology that is not selected for assessment.

14. The Board received the report and requested regular updates on progress through the Health and Social Care Directorate reports.

**ACTION: Gill Leng**

### **17/098 NICE CHARTER**

15. Jane Gizbert presented the proposed amendments to the NICE Charter following its annual review. The material changes are to add a statement on NICE's work on sustainability and reallocate the text in the 'managing resources' section to distinguish between NICE's support to the health and care system and internal actions to manage NICE's own resources.
16. The Board discussed the level of information in the Charter, including whether there is sufficient reference to NICE's methods and use of social value judgements. Andrew Dillon highlighted that it is not the purpose of the Charter to explain NICE's methods and processes, which are set out in separate documents. He outlined the work underway to review NICE's social value judgements document, which will be brought to the Board following review by the Senior Management Team. In response to a comment from the Board about the length of the Charter, Jane Gizbert noted that a "NICE narrative", which summarises NICE's role, is in development.
17. The Board approved the amended Charter for publication on the NICE website, subject to the addition of a high level reference to the quality adjusted life year (QALY) in the context of how NICE undertakes its work.

**ACTION: Jane Gizbert**

18. A member of the audience queried the implications of the recently introduced budget impact test on patients' rights under the NHS Constitution to access drugs that have been recommended by NICE for use in the NHS. Andrew Dillon highlighted the information on the NICE website that sets out how the budget impact test will operate and the actions by NICE and NHS England when the test is triggered.

### **17/099 ACCELERATED ACCESS REVIEW**

19. Carole Longson presented the Government's formal response to the Accelerated Access Review (AAR), which largely accepts the review's recommendations. Carole outlined the key implications for NICE of the AAR and the Government's response, noting that the new facility to identify and support the introduction of transformative technologies in a way that is financially sustainable is consistent with the approach taken by NICE in recent changes to its programmes.
20. It was noted that NICE will act as the secretariat for the Accelerated Access Collaborative, and has received funding for this new role. The changes under

the AAR envisage a new commercial liaison unit at NICE, and reinvigorating the innovation scorecard as part of enhanced support for the adoption and implementation of new technologies.

21. The Board welcomed the positive development of NICE's role following the AAR, but noted the potential challenges in realising the Accelerated Access Collaborative's envisaged benefits within the anticipated timeframe. The importance of clear roles and responsibilities was noted, with NICE holding a dual role – both as a member of the collaborative and as its secretariat. It was suggested that the collaborative develops metrics to evaluate its impact, with each partner committing to their role in delivering these. Separate measures should be established to evaluate NICE's performance as the secretariat. The collaborative will also need to agree a number of important matters at the outset, including the framework for selecting technologies for the accelerated access pathway, whilst ensuring that the cost of any product placed on the pathway is offset by a product that delivers cost savings. A number of methodological challenges in realising this latter point were noted.
22. The Board noted the report and requested that an update on progress is brought to the January Board meeting.

**ACTION: Carole Longson**

23. A member of the audience asked whether the clinical and cost effectiveness assessment in the accelerated access pathway will be undertaken as part NICE's technology appraisal programme. Carole Longson stated that the detail of how the pathway will operate is to be developed, but the pathway is likely to utilise the partners' existing processes. As such, NICE would wish to be involved in the assessment of cost and clinical effectiveness.

#### **17/100 AUDIT AND RISK COMMITTEE TERMS OF REFERENCE**

24. Ben Bennett presented the revised Audit and Risk Committee terms of reference and standing orders for the Board's approval. Under the revisions, the Committee will review the annual and accounts, together with external audit's opinion on these, and then recommend their approval to the Board.
25. The Board approved the terms of reference and standing orders.

#### **17/101 DIRECTOR'S REPORT FOR CONSIDERATION**

26. Gill Leng presented the update from the Health and Social Care Directorate, and highlighted particular areas of note within the report including the wide-ranging guidance and advice publications across health, social care, and public health topics. The report includes performance against the strategic engagement metrics at the halfway point in the year, which cover activities at the national, regional and local level. These will be reviewed as part of the business planning process, and any suggested changes from Board members for 2018-19 are

welcome. Gill also highlighted the online national user research survey which will provide feedback to inform future improvements to NICE products and services. The results will be brought to the Board.

27. The positive response to the social care “quick guides” was noted, which led to a question as to whether similar guides could be produced for other guidance topics. Gill responded that whilst the feedback has been positive, a material consideration is the available capacity at NICE. The Senior Management Team are considering how to prioritise the resources within the publishing team to best effect.
28. The Board noted the report and thanked Gill for the work of the Directorate.

### **17/102 – 17/105 DIRECTORS’ REPORTS FOR INFORMATION**

29. The Board received the Directors’ Reports.

### **17/106 AUDIT AND RISK COMMITTEE MINUTES**

30. The Board received the unconfirmed minutes of the Audit and Risk Committee held on 25 October 2017.
31. Rima Makarem, chair of the Committee, highlighted the discussions on cyber security, and noted that the Committee will further discuss this issue in April informed by an upcoming internal audit review on cyber security.

### **17/107 ANY OTHER BUSINESS**

32. None.

### **NEXT MEETING**

33. The next public meeting of the Board will be held at 1.30pm on 17 January 2018 in the Frank Lee Centre, Addenbrookes Hospital, Cambridge, CB2 0SN.