

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Annual General Meeting and Public Board Meeting held on 19 July 2017 in the Ark Centre, Basingstoke Hospital, Dinwoodie Drive, Basingstoke, RG24 9NN

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
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
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Moya Alcock	Associate Director – Corporate Communications and Deputy Communications Director

17/055 APOLOGIES FOR ABSENCE

1. Apologies were received from Jane Gizbert.

17/056 CONFLICTS OF INTEREST

2. David Haslam noted his recent appointment as an unremunerated patron of the Louise Tebboth Foundation, and Tim Irish noted his recent appointment as a Non-Executive Director of Feedback Plc. Both confirmed that their declarations of interests have been amended accordingly.
3. There were no declarations of conflicts of interest in respect of the matters due before this meeting.

17/057 MINUTES OF THE LAST MEETING

4. The minutes of the public Board meeting held on 17 May 2017 were agreed as a correct record.

17/058 MATTERS ARISING

5. Gill Leng updated the Board on the actions arising from the Board meeting held on 17 May 2017. She noted that:
 - Each future uptake report will focus on a specific clinical area, aligning with the innovation scorecard where possible. Contextualising narrative will more clearly outline the impact of the relevant NICE guidance. These regular reports will replace the broader, more detailed, six monthly reports.
 - Due to resource constraints, it is not possible to produce a PowerPoint presentation summarising each new piece of NICE guidance. However, options for improving the visual presentation of NICE guidance are being explored.
 - The Health and Social Care directorate report includes information on NICE's work with the Care Quality Commission (CQC). This is an ongoing priority and features in the engagement metrics that will be reported to the Board.

17/059 CHIEF EXECUTIVE'S REPORT

6. Andrew Dillon presented his report, describing the main programme activities and the financial position to the end of June 2017. At the end of this period, NICE is broadly on target in terms of both outputs and financial performance. Andrew highlighted the recent launch of the Medtech Early Technical Assessment (META) tool, which will help developers of medical devices and diagnostics understand and generate the evidence needed to show their products are clinically and cost effective. The tool is the latest addition to NICE's suite of services that support collaboration between the NHS and life sciences industry.

7. In response to a question from the Board, Carole Longson agreed to further consider how to utilise the Academic Health Science Networks to promote the META tool.

ACTION: Carole Longson

8. The Board received the report.
9. A member of the audience referred to changes in the format of the British National Formulary for the 2016-17 edition and asked consideration is given to the impact on established users when changes are proposed in future.

17/060 ANNUAL REPORT AND ACCOUNTS 2016-17

10. Andrew Dillon presented the annual report and accounts for 2016-17 which have been laid before Parliament, following approval by the Audit and Risk Committee on behalf of the Board. An annual report microsite on the NICE website will include graphics and supporting information, such as case studies of the implementation of NICE guidance.
11. The Board received the annual report and accounts for 2016-17 and formally thanked the Senior Management Team and staff for their achievements.

17/061 FINANCE AND WORKFORCE REPORT

12. Ben Bennett presented the report which outlined the financial position at 30 June 2017 and provided an update on the workforce strategy. At the end of this period there is a total underspend of £0.9m. The forecast outturn for the year is a £1m underspend. This takes account of expected cost pressures in the second half of the year, including to increase capacity in the technology appraisal programme. Ben highlighted that the new Associate Director, Human Resources, joins NICE on 31 July.
13. The Board discussed the role of apprentices across NICE, noting a positive contribution in a range of roles, in administration, finance, human resources, communications and digital services. A number of apprentices have secured further roles at NICE, including higher level apprenticeships and substantive employment. The Board discussed the scope for NICE to offer graduate apprenticeships in scientific and technical roles, and Ben Bennett agreed to explore this further.

ACTION: Ben Bennett

14. The Board received the report.

17/062 ANNUAL WORKFORCE REPORT

15. Ben Bennett presented the annual workforce report, which provided a summary of the workforce profile at 31 March 2017 and issues of note in 2016-17. It was noted that the text on NICE International in paragraph 10 should refer to Imperial College London.
16. The Board discussed a number of issues arising from the report, including the level of turnover in the band 7 roles, NICE's approach to talent management, and the scope to improve the completion of exit interviews. It was noted that due to the high proportion of band 7 roles at NICE, it will not be possible for all staff in this grade to achieve internal promotion, and the turnover in this band includes staff leaving for further career development. It was noted however, that improving the exit interview process would provide further insight into the reasons for this turnover. Ben Bennett confirmed that NICE participates in the Department of Health's talent management programmes. These have focused on senior management to date, but the aim is to extend talent management further into the organisation. The scope for enhancing NICE's support to lesbian, gay and bisexual staff was discussed, with a suggestion NICE considers benchmarking against the Stonewall workplace equality index.
17. The Board received the report. Ben Bennett confirmed that the incoming Associate Director, Human Resources, would consider the scope to address the matters raised by the Board.

ACTION: Ben Bennett

18. In response to a question from the audience, Andrew Dillon explained the changes to NICE's international activities and the departure of the staff previously working for the NICE International programme.
19. A member of the audience asked whether NICE could do more to increase applications from people with a disability. Ben Bennett confirmed this would be considered further by the incoming Associate Director, Human Resources, alongside the other matters raised by the Board.

17/063 REVALIDATION REPORT

20. 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. Gill thanked Dr Judith Richardson, for her ongoing contribution as Deputy Revalidation Officer.
21. The Board received the report and approved the 'statement of compliance' which confirms that NICE, as a Designated Body, is in compliance with the Medical Profession (Responsible Officers) Regulations.

17/064 PUBLIC INVOLVEMENT STRATEGIC REVIEW

22. Gill Leng presented the report that set out recommendations to enhance NICE's approach to patient and public involvement, following a recent public consultation on proposed changes and improvements. Gill outlined the seven recommendations for improvement, and confirmed draft detailed implementation plans are in place for each. She thanked Victoria Thomas, Head of Public Involvement, and the public involvement team, for their work in developing the proposals.
23. The Board extensively reviewed and discussed the proposals. Board members noted the importance of recruiting members from a wide range of backgrounds to the proposed 'people's panel', and regularly refreshing the membership to ensure the panel continues to provide an outside perspective.
24. There were mixed views on the proposal to discontinue the use of term 'lay' when referring to committee members. It was suggested that adopting the term 'experts by experience', which is used by the Care Quality Commission (CQC), could help avoid any perception that public and patient members have less expert input than clinicians and health and social care professionals. The importance of engaging carers, in order to draw on their expertise and knowledge of the specific health and social care conditions subject to NICE guidance, was also highlighted. There was however some support amongst the Board for retaining the term 'lay', given it is established and well understood.
25. The discussion supported the case for reducing unwarranted variation in public involvement between NICE programmes, whilst recognising where different approaches may be justified and required. Given the importance of public involvement, there was support for a mechanism for the Board to track progress in delivering the proposals. The role and attitude of the committee chair, and the availability of committee reports and draft guidance in plain English, were highlighted as key factors in enabling effective public engagement. The distinction between collecting feedback on people's experience of care and involvement in producing guidance was noted, with online forums and social media suggested as a rich resource for the former.
26. The Board supported the proposals for implementation and agreed the detailed implementation plans should be circulated to the Board for information. There should be a follow-up report to the Board that responds to the comments raised in this discussion, in particular the approach to the 'people's panel', the engagement of carers, the use of social media/online forums, and the mechanism to report progress to the Board.

ACTION: Gill Leng

27. There were comments from the audience on the proposals, including support for the ongoing use of the term 'lay' member. Potential partnership opportunities were identified, including the public involvement teams in local NHS organisations. In response to a question from the audience, Gill Leng confirmed

that the 'people's panel' would not replace open recruitment to committee positions.

17/065 POLICY ON DECLARING AND MANAGING INTERESTS FOR NICE ADVISORY COMMITTEES

28. Gill Leng presented the draft policy on declaring and managing interests for advisory committees. The policy has been developed by a cross-Institute working group and takes account of recent guidance issued by NHS England on managing conflicts of interest in the NHS. Gill summarised the key changes from NICE's existing policy and thanked David Coombs, Associate Director, Corporate Office, for his support in this work.
29. Board members expressed mixed views on the proposals. There was a concern that the policy could undermine NICE's guidance by restricting the ability for those with knowledge and expertise in the specific topic to contribute to guidance development. An alternative approach was suggested, in which risks around a conflict of interest are managed by recruiting members from a variety of viewpoints. The importance of a robust approach to managing interests was however highlighted, in particular to ensure confidence in NICE's guidance where the recommendations may be challenged. It was noted that the proposed policy maintains the existing approach of restricting interests of committee chairs, and there are established mechanisms to ensure the committee comprises sufficient topic specific knowledge. It was agreed there should be a flexible approach to ensure the proportionate management of risk and committees have access to sufficient expertise. The need for a written audit trail of decisions taken regarding interests was noted.
30. Andrew Dillon confirmed the policy does not exclude experts from NICE's work, but seeks to ensure committees are seen to be able to have open and balanced discussions. He recognised the mixed views expressed by the Board and highlighted that the consultation will provide the opportunity to seek feedback on the policy and whether it strikes the right balance on this issue.
31. The Board agreed the policy for consultation, as outlined in the covering paper. The preamble to the consultation should make clear the draft nature of the policy and seek feedback on whether the proposed approach is appropriate.

ACTION: Gill Leng

32. A member of the audience cautioned against excluding those with expertise in the topic, highlighting that research activities in the topic can be an asset to the committee developing guidance. There must be a pragmatic and transparent approach, and the committee chair has a key role in the handling of declared interests.

17/066 – 17/070 DIRECTORS' REPORTS FOR INFORMATION

33. The Board received the Directors' Reports.

17/071 AUDIT AND RISK COMMITTEE MINUTES

34. The Board received the unconfirmed minutes of the Audit and Risk Committee held on 21 June 2017.

17/072 ANY OTHER BUSINESS

35. None.

NEXT MEETING

36. The next public meeting of the Board will be held at 1.30pm on 20 September 2017 in Birmingham Heartlands Hospital, Heart of England NHS Foundation Trust, Birmingham, B9 5SS.