

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**Public Board Meeting held on 22 May 2019
at Poole Hospital, Longfield Road, Poole, BH15 2JB**

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
Tom Wright	Non-Executive Director

Executive Directors

Sir Andrew Dillon	Chief Executive
Ben Bennett	Business Planning and Resources Director
Alexia Tonnel	Evidence Resources Director

Directors in attendance

Paul Chrisp	Centre for Guidelines Director
Jane Gizbert	Communications Director

In attendance

Nicola Bent	Deputy Health and Social Care Director
Mirella Marlow	Deputy Centre for Health Technology Evaluation Director
David Coombs	Associate Director – Corporate Office (minutes)

19/038 APOLOGIES FOR ABSENCE

1. Apologies were received from Elaine Inglesby-Burke, Professor Tim Irish, Dr Rima Makarem, Professor Gillian Leng and Meindert Boysen.

19/039 DECLARATIONS OF INTEREST

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

19/040 MINUTES OF THE LAST MEETING

3. The minutes of the public Board meeting held on 20 March 2019 were agreed as a correct record.

19/041 MATTERS ARISING

4. The Board reviewed the actions arising from the public Board meeting held on 20 March 2019 and noted these were complete.

19/042 CHIEF EXECUTIVE'S REPORT

5. Andrew Dillon presented his report which outlined the 2018/19 year-end position against the business plan objectives and the performance measures in the balanced scorecard, together with a summary of the financial out-turn. He reflected on another year of positive performance and thanked directors and their teams for their work over the year. Due to factors outside of NICE's control, the number of technology appraisals (TAs) published was significantly below plan. Just under 75% of the delays were due to regulatory approval timeline changes, negative regulatory decisions, or to accommodate commercial discussion between the company and NHS England. The remainder of the delayed topics were either the result of company requests for more time to submit data or analysis, or non-submission of data by companies.
6. The Board discussed the increased number of delayed TAs, particularly in the context of the new cost recovery arrangements. Andrew Dillon and Mirella Marlow highlighted the ongoing work with NHS England to refine both organisations' respective processes to seek to ensure that commercial discussions with companies conclude within the TA timeline. Andrew stated that the causes for the increased number of delays due to the regulatory process could be explored.

ACTION: Meindert Boysen

7. The Board received the report.

19/043 FINANCE AND WORKFORCE REPORT

8. Ben Bennett presented the report which outlined the provisional position of a £3m underspend for the financial year ending 31 March 2019. The underspend is £1.1m higher than that forecast in the March Board report, mainly due to non-cash accounting adjustments relating to the unwinding of provisions for potential liabilities and depreciation charge adjustments. Ben noted that the staff survey is currently underway and he highlighted the workforce update in the report, including the animation produced to showcase the workforce strategy.
9. Board members noted the underspend and asked whether NICE should adopt a less risk averse position. As £2m of the underspend was due to vacant posts, it was suggested that a vacancy rate should be factored into the financial plan in order to reduce the likelihood of a similar underspend in future. In response, Andrew Dillon stated that he felt it was appropriate to adopt a prudent approach and not plan for posts remaining vacant throughout the year, as NICE cannot overspend its financial allocation. He explained that the underspend from vacant posts provides a reserve to mitigate in-year cost pressures and headroom for non-recurrent investment in new activities.

10. The Board received the report.

19/044 BUSINESS PLAN 2019/20

11. Andrew Dillon presented the business plan for the Board's approval. It has been updated to reflect the Board's review of earlier versions, and feedback from the Department of Health and Social Care. Andrew referred to the earlier discussion on the variation in the planned TA outputs in 2018/19 and stated that a more sophisticated method of tracking delivery of the TA workplan will be considered when developing the 2020/21 business plan, particularly in the context of TA cost recovery.
12. Ben Bennett reminded the Board of the challenging financial position in 2019/20, and the £3m reduction in funding from the Department for Health and Social Care (DHSC). Further to the discussions at the last Board meeting, the DHSC has now confirmed that it will provide additional funding to mitigate the £1.6m shortfall in the first year of TA cost recovery to the extent this is necessary.
13. The Board approved the business plan and delegated approval of any final amendments to the Chief Executive.

19/045 WIDENING THE EVIDENCE BASE: THE USE OF BROADER DATA AND APPLIED ANALYTICS IN NICE'S WORK

14. Nicola Bent presented the proposed statement of intent for the use of broader data and applied analytics in NICE's work, and was joined by Sarah Cumbers, Programme Director for Transformation, who outlined further background to the statement and the proposed consultation. Sarah noted that the statement does not include technical detail on methodological considerations, as this will be developed in further detail and embedded in future methods guides.
15. The Board discussed the proposals and the broader sources of data that could be used to support NICE's work. It was agreed that paragraph 17 in the statement which referred to current and potential sources of data should be broadened to include data gathered by apps and mobile devices, and health and care charities. The importance of continuing to work closely with organisations such as Health Data Research-UK was highlighted, and it was agreed that figure 3 in the statement that outlined potential delivery models for data projects should include a fourth option of working in partnership with a third party.
16. The Board strongly endorsed the proposals, and subject to the above amendments approved the statement of intent for consultation in line with the approach outlined in the report.

ACTION: Gill Leng

19/046 DIGITAL HEALTH TECHNOLOGIES EVALUATION PILOT

17. Mirella Marlow presented the report on the pilot to evaluate four digital health technologies (DHTs), following NICE's work to develop an Evidence Standards

Framework for DHTs in 2018/19. Mirella noted the challenges in evaluating DHTs, including the large number of technologies which may each rapidly update, the variety of potential uses and settings, complex regulation pathways, and low levels of evidence.

18. The Board discussed the pilot and highlighted the need to raise awareness of the Evidence Standards Framework and ensure the aims of this pilot are clear, both in terms of the nature of the output from the evaluation of the DHT and the audience for this work. Board members highlighted the range of DHTs and queried whether NICE has the resources to evaluate a sufficient number of DHTs, and if the output will remain relevant given the rapidly changing nature of these technologies. In response, it was clarified that NHS England is the customer for this work and has asked NICE to provide advice on whether the NHS should commission these DHTs. In relation to any future role in evaluating DHTs beyond the pilot, Andrew Dillon stated that NICE will need to focus on technologies which offer material improvements to processes and outcomes. He stated that as with non-digital technologies, it will be important to ensure that the health and care system has assurance on the safety, effectiveness and value for money of a digital product before it is routinely commissioned. Within this context, it was noted that it may be necessary to re-evaluate a DHT if it is substantially updated.
19. The Board noted the report. It was agreed that it would be helpful to explain the scope and rationale for the pilot on the relevant part of the NICE website.

ACTION: Meindert Boysen/Jane Gizbert

19/047 NICE IMPACT REPORT: STROKE

20. Nicola Bent presented the report on how NICE's guidance contributes to improvements in stroke care, and highlighted that in response to feedback from the Board, the report includes information on variation across clinical commissioning groups (CCGs) for two indicators. The system support for implementation team will continue to use these impact reports to guide work with national partners on issues affecting implementation of NICE guidance.
21. The Board welcomed the report and the additional information on variation by CCG. It was agreed that it would be helpful to disseminate the variation information to CCGs, and for future reports to identify the CCGs shown in such charts.

ACTION: Gill Leng

22. The Board received the report.
23. A member of the audience highlighted that while the report is focused on adults, children can also experience a stroke.

19/048 AUDIT AND RISK COMMITTEE MINUTES

24. Sheena Asthana, on behalf of Rima Makarem, presented the unconfirmed minutes of the Audit and Risk Committee meeting held on 24 April 2019. The committee received a series of positive internal audit reports and had an extensive discussion about NICE Connect and the associated risks to the project, notably of insufficient resources. Noting the recent changes in the committee's membership, Sheena thanked Tim Irish for his contribution and welcomed Tom Wright to the committee.
25. The Board received the unconfirmed minutes.

19/049 AUDIT AND RISK COMMITTEE ANNUAL REPORT 2018/19 AND TERMS OF REFERENCE

26. Sheena Asthana, on behalf of Rima Makarem, presented the report that summarised the work of the Audit and Risk Committee during the 2018/19 financial year. The committee has continued to reflect on its effectiveness and undertook an annual review of its terms of reference, following which amendments are presented for the Board's approval.
27. The Board received the annual report and approved the proposed changes to the committee's terms of reference.

19/050 REVISIONS TO STANDING ORDERS, STANDING FINANCIAL INSTRUCTIONS, AND RESERVATION OF POWERS TO THE BOARD AND SCHEME OF DELEGATION

28. Ben Bennett presented the proposed amendments to the governance documents following an annual review. He noted that the Audit and Risk Committee reviewed and supported the proposed amendments. In particular, the Committee discussed the proposed amendment to the standing orders in response to a whistle-blowing investigation and agreed that cost should normally be given a 50% assessment weighting when evaluating tenders and quotations.
29. The Board discussed its role in relation to NICE's strategic objectives and agreed that the scheme of reservation should refer to the Board setting NICE's strategic objectives to make clear it has a key role in developing, and not simply agreeing, these. Subject to this change, the Board approved the amended standing orders, standing financial instructions, and scheme of reservation of powers to the board and scheme of delegation.

ACTION: Ben Bennett

19/051 DIRECTOR'S REPORT FOR CONSIDERATION

30. Alexia Tonnel presented the update from the Evidence Resources Directorate, and highlighted the diverse range of activities undertaken across the Directorate. It provides access to high quality evidence and information to support guidance development, commissions key items of content made available to the NHS via

the NICE Evidence Services, grants permissions to use NICE's intellectual property and content, delivers NICE's digital transformation activities and maintains NICE's digital services. Alexia highlighted the changes that have enabled reduced investment in maintaining existing digital services and therefore more resources to be invested in developing new services. She noted the 23% increase in the use of the externally facing digital services compared to last year, with the British National Formulary (BNF) microsite seeing a 131% increase. Alexia highlighted the work undertaken with the Centre for Health Technology Evaluation (CHTE) to develop the Evidence for Effectiveness standards for digital health technologies, which were discussed earlier in the meeting.

31. The relatively low number of sessions on NICE Pathways compared to the main NICE website was noted, and there was a question as to whether this affects the case for the NICE Connect project which proposes that pathways will be the primary method for developing and presenting NICE guidance in future. In response, it was noted that the current Pathways do not contain all of NICE's products and are not promoted as the primary route for accessing NICE's guidance. It was agreed that it would though be helpful as part of the NICE Connect project to better understand the current use of the Pathways on the NICE website, and how these are accessed.

ACTION: Alexia Tonnel

32. The Board noted the report and thanked Alexia for the Directorate's work.

19/052 – 19/055 DIRECTORS' REPORTS FOR INFORMATION

33. The Board received the Directors' Reports.

19/056 ANY OTHER BUSINESS

34. None.

NEXT MEETING

35. The next public meeting of the Board will be held at 1.30pm on 17 July 2019 at Northampton Guildhall, St Giles' Square, Northampton, NN1 1DE (annual general meeting).