

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 5 June 2018

Present

Gill Leng	Deputy Chief Executive and Director – Health and Social Care (meeting chair)
Ben Bennett	Director – Business Planning and Resources
Meindert Boysen	Director – Centre for Health Technology Evaluation
Jane Gizbert	Director – Communications
Alexia Tonnel	Director – Evidence Resources

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Nick Baillie	Associate Director – Quality Standards – Health and Social Care (item 5.5)
Mark Campbell	Acting Programme Director – Centre for Health Technology Evaluation (items 5.1 and 5.2)
Christine Carson	Programme Director and Deputy Centre for Guidelines Director
Elaine Repton	Governance Manager: risk assurance (item 5.3)
Judith Richardson	Programme Director – Health and Social Care (item 5.7)
Mark Salmon	Programme Director – Evidence Resources (items 5.1 and 5.2)

Also present

Sophia Lee	Harvard intern
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Apologies (item 1)

1. Apologies were received from Andrew Dillon and Mark Baker, with the latter represented by Christine Carson.

Freedom of Information and publication scheme (item 2)

2. The final minutes will be made available on the NICE website subject to the redaction of any exempt material.

Notes of the previous meeting (item 3)

3. The minutes of the meeting held on 29 May 2018 were approved, subject to clarifying there were no apologies for absence.

Matters arising (item 4)

4. The actions from the meeting held on 29 May 2018 were noted as complete or in hand.
5. Ben Bennett stated that he would review and update the reference in the draft annual report to staff time spent on union activities.

ACTION: BB

External secondment request (item 5.7)

6. Judith Richardson presented the request for the senior manager in the quality and leadership programme to take up a secondment with NHS Improvement (NHSI) in

the nursing directorate as the project lead for the people strategy. She highlighted the benefits to NICE from the secondment, in addition to the personal development opportunity for the individual.

7. SMT agreed the secondment subject to ensuring the terms of the secondment are outlined in a written agreement with NHSI. It was agreed that the secondment would run until the end of March 2019 and not be extendable.

ACTION: JR/GL

Developing an evidence for effectiveness standard for digital health technologies (item 5.1)

8. Alexia Tonnel presented the proposed six month joint project with NHS England (NHSE) to deliver an evidence generation framework for digital health technologies.
9. SMT discussed the proposal, including the respective roles of NICE and partners. It was noted that NICE would lead on producing the content and framework for an 'Evidence for Effectiveness Standard' for digital health technologies. This standard would focus on generating evidence of effectiveness and economic impact, and include advice on what evidence to produce to demonstrate effectiveness and value for money. The audience would be digital health technology developers, commissioners, and third party evaluators. NHSE would be responsible for developing a digital tool to host this content, whilst Digital Health London would lead on stakeholder testing and engagement. The project would not consider clinical safety, nor artificial intelligence technologies, both of which are subject to separate work.
10. SMT discussed the risks around the project, including the evolving nature of the partnership working. SMT noted however NICE's expertise in evidence evaluation, and that assessment of digital technologies is an important strategic priority highlighted in Board discussions. SMT therefore agreed to proceed with the project subject to confirmation of the available resources from NHSE. This funding should be used to appoint a project manager to oversee this work given the project risks and the need to coordinate the proposed cross-Institute and multi-agency input.
11. It was agreed that the respective responsibilities of NICE and partners for the proposed deliverables should be clarified at the outset, and the long term intentions for taking forward these deliverables should be considered well before the end of the six month project.

ACTION: MC/MS/AT

Taking forward work on real world data (RWD) (item 5.2)

12. Gill Leng presented the proposed next steps for NICE's new work programme on real world data following the Board's discussion on 16 May.
13. SMT discussed and supported the proposal to recruit the initial core team of an Associate Director, Data Scientist, and Coordinator. This staged approach would provide the opportunity to review the skill sets required for the Data Scientists before recruitment of further capacity later in the year. It was noted that the skills required for this initial Data Scientist may place this role at a similar level to a Technical Adviser rather than the budgeted level.

14. SMT agreed the proposal for the core team to report to the Director of Health and Social Care and review this after one year. In addition, it was agreed to continue with the regular meetings of the cross-Institute group of senior staff interested in real world data. It was agreed that the group should also include representatives from the two main guidance producing centres. This would be the Associate Director, Methods and Economics for the Centre for Guidelines, whilst Meindert Boysen would identify a representative from the Centre for Health Technology Evaluation.

ACTION: MBo

15. This internal group will review the proposed job descriptions for the roles in the core team.

ACTION: GL

16. SMT discussed the proposed terms of reference for the external reference group and agreed a number of amendments, including to take account of, and refer to, the work of the existing Observational Data Group. The terms of reference should also be refined to reflect NICE's previous work on real world data, and ensure sufficient clarity over the terms real world data and real world evidence. It was agreed to amend the membership to include the ABHI, MedTech Europe, and the Oxford Big Data Institute. It was agreed not to include the Decision Support Unit, given their status as a contractor for NICE.

ACTION: GL

17. SMT noted the proposal to develop partnership arrangements with specific partners, and suggested also including Public Health England, NHS Digital, and NIHR in this work.

ACTION: GL

Risk register (item 5.3)

18. Elaine Repton presented the revisions to the risk register, following review by individual directors. It is proposed that two risks are removed and three new risks added.
19. SMT reviewed the amendments and agreed that risk 13/18 relating to patient involvement in the technology appraisal programme, and risk 14/18 relating to capacity in the Centre for Guidelines, could be removed from the corporate register and instead monitored at the centre/directorate level.
20. SMT agreed to include the proposed additional risks 23/18, 24/18 and 25/18. It was agreed that Meindert Boysen would lead risk 23/18 relating to NICE's input to the life sciences industrial strategy and Accelerated Access Review; and Ben Bennett and Gill Leng would lead risk 24/18 relating to commissions from NHS England. It was agreed to refine the wording for risk 25/18 relating to the development of a system-wide framework for assessing digital health tools. Alexia Tonnel would lead this risk, with Gill Leng leading risk 09/18 which has been refocused on real world data.
21. In addition, SMT identified further minor amendments across the risk register and agreed that the high, medium and low risks should be presented in ascending reference number.

ACTION: ER

Annual complaints report (item 5.4)

22. SMT noted the annual complaints report, which will now be presented to the Audit and Risk Committee. It was agreed that it would be helpful to highlight the activity outside of the complaints process to manage and respond to correspondence about NICE's work, in particular guidance recommendations.

ACTION: DC/BB

NICE quality standards library (item 5.5)

23. Nick Baillie presented the draft paper to the July Board meeting on progress with the quality standards library.
24. SMT discussed the link between the guidelines and quality standards programmes, and the reasons why not all guidelines have a corresponding quality standard. It was agreed to retitle appendix 2 and remove the third column in the table to clarify the information provided. Subject to this amendment, SMT agreed the report for submission to the Board.

ACTION: NB/GL

Memorandum of Understanding (MoU) with University of Manchester and Health Innovation Manchester (item 5.6)

25. SMT reviewed the proposed renewed MoU between NICE, the University of Manchester and Health Innovation Manchester, which had been revised to reflect the SMT discussion at the previous week's meeting.
26. SMT supported the revised draft including the text on the development of a data analytics learning environment to explore how big data and real world data could inform NICE guidance.

NICE Foundation (item 6)

27. No further update.

Weekly staff SMT updates (item 7)

28. SMT agreed the staff updates.

ACTION: DC

Any other business (item 8)

29. Directors were asked to encourage staff to complete the annual staff survey. It was agreed to amend the reporting statistics to combine the Centre for Health Technology Evaluation with the Scientific Advice and Research Programme.

ACTION: SMT / BB

30. Gill Leng briefed SMT on the meeting of the national Chief Executives earlier that day, and agreed to circulate information on the joint working between NHSE and NHSI.

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