

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Final minutes of the meeting held on 21 August 2018

Present

Andrew Dillon	Chief Executive
Ben Bennett	Director – Business Planning and Resources
Jane Gizbert	Director – Centre for Guidelines
Alexia Tonnel	Director – Evidence Resources

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Chris Carson	Programme Director and Deputy Centre for Guidelines Director
Paul Chrisp	Programme Director and Deputy Health and Social Care Director
Grace Marguerie	Associate Director – Human Resources (items 7.2 and 7.6)
Mirella Marlow	Programme Director and Deputy Centre for Health Technology Evaluation Director

Apologies (item 1)

1. Apologies were received from Gill Leng, Mark Baker and Meindert Boysen who were represented by Paul Chrisp, Chris Carson and Mirella Marlow respectively.

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.

Declarations of interest (item 3)

3. The declared interests were noted. There were no conflicts of interest relevant to the meeting.

Notes of the previous meeting (item 4)

4. The minutes of the meeting held on 14 August 2018 were approved.

Matters arising (item 5)

5. The actions from the meeting held on 14 August 2018 were noted as complete or in hand.
6. Andrew Dillon stated that has made additional amendments to the proposed revised complaints policy, subsequent to last week's SMT meeting. The amended policy will come to next week's SMT meeting.
7. SMT discussed the proof of concept pilot for NICE 2.0 noting that Gill Leng had updated the paper to reflect last week's SMT discussion. Andrew Dillon advised SMT that he had decided to rename the project 'NICE Pathways' in order to better reflect its purpose.
8. Andrew Dillon referred to a discussion the previous day with Alexia Tonnel about the digital component of the project and the extent to which it might require

external investment approval. They had agreed that the project needs to be led by the value we believe it will offer to users of our guidance, with the digital solution acting as an enabler. Alexia argued, nevertheless, that the discipline of the external approval process would help to ensure that the digital solution will help deliver the project's ambition. In addition, she is concerned that although we might argue that the digital component is simply an evolution of our existing Pathways product, in practice, it may be difficult to hold this line. They had discussed options for mitigating the impact of this on the project timescales and the pilot in particular. Alexia will discuss this further with Gill and consider how best to reflect it in the project timeline.

ACTION: AT/GL

9. It was agreed to include an update on NICE pathways as a standing item at each SMT meeting.

ACTION: DC

10. Andrew Dillon noted the initial work to develop a presentation to brief stakeholders, including the Board and staff, on the proposals. He asked Jane Gizbert to develop this further.

ACTION: JG

11. Andrew Dillon stated that the Department for Health and Social Care (DHSC) had submitted further questions on the proposed NICE Foundation, responses to which are being prepared. Andrew highlighted the Government's commitment to fund the UK contribution to EU research collaborations in the event of a 'no deal' Brexit scenario.

Board meetings (item 6)

12. SMT noted the actions from Board Strategy meeting on 15 August.
13. The agenda items for the September Board meetings were agreed.

Finance and resource report (item 7.1)

14. Ben Bennett presented the report on the financial position at 31 July 2018, which included a series of proposals from centres and directorates for utilising the forecast underspend on a non-recurrent basis before the end of March 2019.
15. Ben highlighted that the forecast of a £1m underspend is prudent, as it excludes an amount of up to £0.5m that NICE may receive from the DHSC to fund the recent agenda for change pay deal. Also, in reality the underspend on vacant posts is likely to be higher than that included in the forecast. He is therefore comfortable that resources are in place to meet the expenditure, should it be approved by SMT.
16. Andrew Dillon outlined a series of tests that should be applied to the proposed expenditure. Each proposal must be a good use of resources, which can be justified to an external audience. Directors must be able to articulate the value delivered by each proposal, and be confident the expenditure will be completed within this financial year. Where expenditure creates liabilities into next year, centres and directorates must be clear that they will need to fund this from reprioritising their respective budgets.

17. SMT reviewed each of the respective bids and approved the following:

- £30k in the Centre for Health Technology Evaluation (CHTE) to recruit a project manager to start establishing the early engagement programme that has been discussed as part of the PPRS negotiations. It was noted that this programme will generate an ongoing cost pressure within CHTE.
- £138k for the proof of concept for NICE pathways (formerly known as NICE 2.0) which was discussed and supported at last week's SMT meeting.
- £25k for the Public Involvement Programme to commission a designer to develop online training modules and video masterclasses for lay members.
- £220k to procure consultancy support to configure and implement a new identity management solution. The new identity management software will be funded from existing budgets and replace the aging NICE accounts software. It provides better data protection functionality and greater cyber security resilience.
- £80k to procure consultancy expertise to produce a report with advice on which software solutions for authoring structured content would best meet NICE's needs. SMT noted that the ability to produce guidance in structured content would be integral to realising the NICE pathways vision.
- £212k to commission an external guideline slot to undertake the additional work on the depression guideline requested by the Guidance Executive. SMT agreed this would represent the most cost effective way of undertaking the work required to address stakeholder concerns on the draft guideline.
- An additional £50k for staff training, to be administered centrally by the HR team.
- £15k to put in place additional capacity in the finance team to ensure readiness for TA cost recovery. It was noted that this will be a recurrent cost pressure, that can be funded from the cost recovery income should this proceed.
- £15k towards a new substantive post to help manage the additional workload and compliance requirements created by the General Data Protection Regulation and developments in NICE's programmes. The impact of recent and planned increases in activity on information governance support were noted, and it was agreed that the recurrent cost pressure arising from this role would be funded from the contribution to overheads from this activity.
- £80k for additional IT expenditure as outlined in the report.
- £15k to extend the contract of a fixed term employee in the Communications Directorate to support NICE's recruitment marketing strategy, including improving the job pages on the website.

18. The request for £25k to recruit a technical analyst in CHTE on a fixed term basis to extract technical content from published guidance was not approved. Instead, SMT agreed that it would be more appropriate to make this investment available to explore the feasibility of establishing capacity within the Evidence Resources Directorate to undertake such tasks on a recurring basis, across the Institute. Alexia Tonnel was asked to develop proposals for utilising this expenditure, in conjunction with CHTE and the other centres and directorates.

ACTION: AT

19. It was agreed that the agreed expenditure would be included in the finance and workforce report to the Board, to provide the Board with the opportunity to comment.

ACTION: BB

20. Following discussion, the requests from CHTE and the Health and Social Care Directorate for resources to map potential efficiencies in administrative processes and public health expertise respectively, were not approved. Further information and justification should be brought back to SMT.

ACTION: MBo/GL

21. Chris Carson highlighted the cost pressure on the non-pay budget for the ME/CFS guideline, which had been discussed with finance but not included in the report. £50k had been requested for 2018/19 and there will be a further cost pressure in 2019/20 as the guideline development spans both years. It was agreed this would be considered further between the Centre for Guidelines and finance team outside of the meeting.

ACTION: MB/BB

Workforce strategy 2018-21 (item 7.2)

22. Grace Marguerie presented the workforce strategy 2018-21, which had been developed following discussions on workforce challenges with senior managers and UNISON.
23. SMT reviewed and supported the draft strategy. It was agreed that introductory text should be added to outline the context for the strategy, in particular the challenges facing NICE and how this affects the workforce. This section should also highlight planned significant developments affecting the workforce, notably the NICE pathways vision which has an organisational development work-stream.
24. SMT discussed the proposed key performance indicators and agreed relevant questions from the staff survey would provide a better measure of success in delivering the strategy.
25. Subject to these, and other minor amendments, the amended strategy should be brought back to SMT, and then to the November Board meeting. This would enable the strategy to take account of the Board's discussion of NICE pathways at the October Board strategy away-day.

ACTION: GM/BB

26. SMT discussed the reference in the strategy to develop 'NICE values' for employees, noting that such values can support recruitment and help ensure staff are clear on expectations. Grace stated that this work is an objective in the directorate business plan and will be undertaken with staff input.

External secondment request (item 7.5)

27. SMT considered the request for the Central Leadership Team Programme Manager in the Centre for Guidelines to take up a six month secondment with Manchester Health and Care Commissioning.

28. Following discussion, SMT agreed the request, subject to Chris Carson and Paul Chrisp receiving sufficient assurance that (a) the secondee would gain experience that would benefit NICE, (b) the secondee currently intends to return to their substantive role at NICE, and (c) the position in the central leadership team can be backfilled during the secondment.

ACTION: CC/PC

Annual equality report (item 7.3)

29. David Coombs presented the annual equality report 2017/18, which has been developed in collaboration with the cross-Institute Equality and Diversity Group and takes account of feedback on previous years' reports.

30. SMT reviewed the report and agreed this for submission to the September Board meeting, subject to minor amendments to paragraphs 42-45, 58-60, and tables 2 and 6.

ACTION: DC/BB

Framework agreement between NICE and DHSC (item 7.4)

31. SMT reviewed the proposed updated framework agreement between NICE and the Department for Health and Social Care (DHSC), and noted the proposed amendments identified by Andrew Dillon and David Coombs.

32. It was agreed that annex B, on public facing communications, should note the requirement to share publications ten working days before publication does not apply where NICE's published processes indicate a different engagement timeline. Also, SMT agreed that the text should be revised to clarify that NICE and DHSC do not develop an annual digital strategy, and that whilst the Adoption and Impact team coordinate NICE's input to the innovation scorecard, which is an official statistic, NICE does not have a formally designated lead official for statistics.

33. SMT agreed these comments and amendments should be fed back to the DHSC, with the aim of bringing the final draft of the framework agreement to the November Board meeting for approval.

ACTION: DC

Protocol for public and parliamentary accountability (item 7.5)

34. SMT reviewed the proposed updated protocol between NICE and DHSC, which sits alongside the framework agreement that was reviewed in the preceding agenda item.

35. SMT noted the proposed amendments proposed by NICE, and agreed these for submission for DHSC. The proposed start-date for the protocol should also be checked.

ACTION: DC

Weekly staff SMT updates (item 8)

36. SMT agreed the staff updates.

ACTION: DC

Any other business (item 9)

37. Paul Chrissp noted that Nicola Bent would be the new Deputy Health and Social Care Director once he takes up his new role as Centre for Guidelines Director. Andrew invited Paul to attend the SMT meetings in the period before he takes up this new position, and asked David Coombs to ensure Paul receives the meeting papers accordingly.

ACTION: DC