

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 12 February 2019

#### **Present**

|                     |  |
|---------------------|--|
| Andrew Dillon       | Chief Executive                                    |
| Meindert Boysen     | Director – Centre for Health Technology Evaluation |
| Paul Chrisp         | Director – Centre for Guidelines                   |
| Jane Gizbert        | Director – Communications                          |
| Gill Leng           | Director – Health and Social Care                  |
| Alexia Tonnel       | Director – Evidence Resources                      |
| Catherine Wilkinson | Acting Business Planning and Resources Director    |

#### **In attendance**

|               |   |
|---------------|---|
| David Coombs  | Associate Director – Corporate Office (minutes)               |
| Kelly Parry   | Data Protection and Information Governance Manager (item 6.3) |
| Marion Spring | Associate Director – Evidence Information Services (item 6.2) |

#### **Apologies (item 1)**

1. Apologies were received from Ben Bennett who was represented by Catherine Wilkinson.

#### **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 previously 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 5 February 2019 were approved.

#### **Matters arising (item 5)**

5. The actions from the meeting held on 5 February 2019 were noted as complete or in hand.

#### **Finance and resources report (item 6.1)**

6. Catherine Wilkinson presented the paper that outlined the financial position at 31 January 2019 and provided an update on several finance matters including changes to funding from NHS England.
7. Catherine highlighted the request in the paper to utilise underspend in 2018/19 to purchase IT equipment, and also the proposal to purchase a phishing simulator training package which has been recommended by the Audit and Risk Committee to help mitigate a growing area of risk. The cost of the one year licence for the phishing software would be incurred in 2019/20, after which the value of the training could be reviewed. SMT approved the expenditure on both the IT

equipment and the phishing simulator, and asked Catherine to discuss with the Associate Director, IT and Procurement whether there are any other further opportunities to appropriately utilise the 2018/19 underspend.

**ACTION: CW/BW**

8. SMT discussed the proposed changes in funding from NHS England in 2019/20, and welcomed the planned approach to mitigating the impact on staff currently working in the affected programmes. It was agreed that it would be helpful to have further clarity on NHS England's intentions for commissioning activity from NICE. In particular to gain an understanding on how reductions in certain activity could be offset by potential new areas of work, as this would help ensure a strategic approach to planning the staffing implications. It was agreed that Meindert Boysen should liaise with NHSE on this matter and convene a meeting between NHSE and relevant members of SMT if necessary.

**ACTION: MB**

9. Catherine highlighted the issues raised in a recent internal audit on financial controls and reminded SMT of the need for line managers to inform HR and payroll about staff movements, and in particular when staff are due to leave NICE's employment. SMT agreed to highlight this to managers but agreed that it would also be helpful to ensure line managers are supported to complete this process. SMT therefore welcomed the work to review the relevant paperwork, and confirmed the need to seek line managers' feedback on the proposed new documents. It was agreed that Andrew Dillon and Catherine Wilkinson would also discuss further the options for assisting line managers, including through training and induction, and potentially increased central resources in HR and finance.

**ACTION: SMT and AD/CW**

10. Catherine highlighted the challenges facing the finance team in the approach to financial year-end and asked for SMT's support during this period. SMT agreed to remind staff of the need to support the finance team with processing high volumes of transactions in the year-end.

**ACTION: SMT**

11. Meindert Boysen noted that NICE Scientific Advice's (NSA) income is lower than planned and asked whether this meant there was spare capacity that could be utilised to support NICE's guidance programmes that are projecting a financial under-spend due to staff vacancies. In response, it was clarified that there is not currently significant spare capacity in NSA, as staff are engaged on business development activities.

**Update on procurement of National Core Content (item 6.2)**

12. Marion Spring presented the paper on the outcome of the National Core Content (NCC) procurement undertaken by NICE on behalf of Health Education England. She noted the resources procured for the new NCC collection, and the key changes from the current collection.
13. SMT noted the outcome of the procurement and discussed HEE's request for NICE to purchase an 'aggregated evidence summary resource' to add to the NCC collection. A number of queries and comments were raised by SMT, and it was agreed there should be a clear rationale for NICE's involvement in this

procurement. The difference between NICE's current role purchasing access to peer reviewed journals and this new work to purchase access to decision support tools and evidence summaries was highlighted. While SMT noted that the new activity seeks to more efficiently facilitate access to resources that are currently purchased by multiple local users, concerns were raised about the need for assurance on the methodologies used for the decision support tools given NICE would be securing access to these for the wider NHS. It was also agreed that it would be helpful to clarify the requirement for such decision support tools to link with guidance developed by NICE for the health and care system. It was therefore agreed that discussions should take place with HEE on these matters, in order to clarify the rationale for NICE's role and consider how NICE and HEE can work together to ensure NICE can add value to the procurement process.

**ACTION: AT/MS**

**Repatriating the hosting of NICE Digital Services on UK shores in preparation for a no-deal exit from the EU (item 6.3)**

14. Alexia Tonnel presented the paper that summarised the reasons for considering the repatriation of NICE's EU hosted digital services on UK shores, and the costs and risks of doing so.
15. SMT agreed not to proceed with on-shoring data in the UK.

**Appointing Arm's Length Bodies (ALBs) staff to NICE advisory committees (item 6.4)**

16. David Coombs presented the paper that asked SMT to consider what role staff working at the DHSC and its ALBs could have on NICE's advisory committees.
17. SMT considered the issue and confirmed that staff working at the DHSC should not sit on NICE's advisory committees as this could undermine the committees' perceived independence from the government.
18. SMT discussed what restrictions should be in place for NHS England (NHSE) staff, and now also staff working for NHS Improvement (NHSI) given the ever closer collaboration between the two organisations. Following discussion, SMT agreed that staff working in a national role (i.e. working in the national offices in London and Leeds) in either organisation should not sit on NICE's advisory committees, given NHSE's and NHSI's national budgetary responsibilities could be perceived as affecting the committees' considerations. It was agreed however that it is important to ensure the committees have access to appropriate insight from commissioners, and therefore staff working in regional roles in NHSE and NHSI could sit on the committees, subject to the usual restrictions in the policy on declaring and managing interests for advisory committees.
19. It was agreed that this position should be added to the recruitment to advisory bodies policies and procedure; and the policy on declaring and managing interests for advisory bodies should be amended to state employment with NHSE and NHSI would not be regarded as a conflict of interest unless it is in a national role.

**ACTION: DC**

**Business objectives and risks 2019/20 (item 6.5)**

20. Andrew Dillon presented an amended set of business objectives for 2019/20, together with the accompanying risks to their delivery.

21. SMT discussed the approach taken to the business objectives and their relationship with the centre and directorate plans. It was noted that centre and directorate plans should support delivery of the six strategic ambitions in the corporate business plan. However, it was not possible for the business objectives to encompass every activity at NICE. Instead, the objectives are focused on new activities and projects specific to 2019/20 plus the core activity of producing guidance, standards, indicators, and evidence products and services.
22. The revised objectives and risks were agreed for submission to the Board in February. It was agreed that after the Board discussion, the risks would be grouped thematically and combined where appropriate, and then brought back to SMT for development into the risk register for 2019/20.

**ACTION: ER**

#### **Guideline committee chair appointment (item 6.6)**

23. Paul Chrissp presented the proposal to appoint Dr Pramod Mainie to the position of chair of the NICE Guideline Committee on fever in the under 5s (partial update). In his written declaration Dr Mainie declared seven interests, but none of them are relevant to the scope of this guideline update.
24. SMT approved the appointment of Dr Mainie as chair of the guideline committee, on the basis that the declared interests were not relevant to the scope of this committee. SMT asked however for clarification on how the interests had been handled in respect of Dr Mainie's membership of the preterm respiratory care guideline committee and multiple obstetric guidelines update committee.

**ACTION: PC**

#### **EU exit (item 7)**

25. Meindert Boysen briefed SMT on the latest information requested by DHSC on the potential impact of the UK's exit from the EU on NICE's income, and NICE's exposure to any variation in the foreign exchange rate. Andrew Dillon stated that he would liaise with Meindert on preparing the response.

**ACTION: MB/AD**

#### **NICE Connect project (item 8)**

26. Gill Leng highlighted the planning underway for the next pathways advisory committee and the consideration being given to the approach for sequencing drugs. Suggested areas for discussion at the SMT away-day in April are also being developed.

#### **Weekly staff SMT updates (item 9)**

27. SMT agreed the staff updates.

**ACTION: DC**

#### **Any other business (item 10)**

28. Andrew Dillon fed back from his and Gill Leng's meeting with NICE's new ministerial lead. The minister has signed-off the paperwork for recruiting a new

chair and supports extending David Haslam's term for a short period until the new appointee can take up the role. This now requires approval from the Secretary of State. In response to the discussion at the meeting with the minister, Andrew Dillon asked Jane Gizbert to prepare a diagram summarising the process by which a drug becomes available for use in the NHS following its launch in the UK market, and to provide the DHSC with information on the planned activities to celebrate NICE's 20<sup>th</sup> birthday.

**ACTION: JG**