

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

## Minutes of the meeting held on 19 February 2019

**Present**

Andrew Dillon	Chief Executive
Paul Chrissp	Director – Centre for Guidelines
Jane Gizbert	Director – Communications
Gill Leng	Director – Health and Social Care

**In attendance**

Mirella Marlow	Programme Director – Centre for Health Technology Evaluation
Mark Salmon	Programme Director – Information Resources
Barney Wilkinson	Associate Director – IT and Procurement
Elaine Repton	Corporate Governance & Risk Manager (minutes)
Cheryl Pace	Programme Manager – Fellows and Scholars & QA (item 6.1)
Mark Campbell	Acting Programme Director – Devices and Diagnostics Systems (item 6.2)

**Apologies (item 1)**

1. Apologies were received from Ben Bennett who was represented by Barney Wilkinson, Meindert Boysen who was represented by Mirella Marlow, Alexia Tonnel who was represented by Mark Salmon, Catherine Wilkinson and David Coombs.

**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.

**Minutes of the previous meeting (item 4)**

4. The minutes of the meeting held on 12 February 2019 were approved.

**Matters arising (item 5)**

5. The actions from the meeting held on 12 February 2019 were noted as complete or in progress.
6. Barney Wilkinson confirmed that he had discussed the purchase of additional IT equipment with Catherine Wilkinson including comms video editing machines in both offices. Barney was also asked to look into the purchase of an interactive whiteboard for the Derwent meeting room.

**ACTION: BW**

7. Andrew Dillon advised that he was still in discussion with Catherine Wilkinson and Grace Marguerie about the induction guide for new line managers, specifically in relation to the employee leavers process.

8. It was noted that Alexia Tonnel was still to have a discussion with HEE to clarify NICE's role in the procurement of an 'aggregated evidence summary resource', and that Gill Leng had also agreed to speak with HEE about the NICE Connect project, to consider how NICE and HEE can work together.
9. There was a further discussion of the appointment to the position of chair of the NICE Guideline Committee on fever in under 5s. Gill Leng questioned how the declared interest of a payment from the commercial sector (for being an advisory board member), would be viewed by a reasonable person when NICE's stance on membership of a professional body had recently been challenged. It was agreed that payments received from the commercial sector for advisory board roles, be included as an example of a direct financial interest in the revised policy on declaring and managing interests.

**ACTION: ER****NICE 20<sup>th</sup> birthday 'outstanding contribution' awards (item 6.1)**

10. Andrew Dillon requested SMT to review the proposed list of individuals to be recognised for their outstanding contribution to NICE and provide any final comments before the paper was presented to the Board.

**Evidence Standards Framework for digital health technologies (item 6.2)**

11. Mark Campbell presented the paper seeking approval to publish the revised evidence standards framework and associated guidance.
12. SMT agreed that the framework would be better presented in digital format rather than pdf to enable the user to easily move through the work flow, rather than clicking between several documents. Mark Campbell advised that initial discussions with NHSE had been to produce a fully digital tool, but they had since declined to resource an on-line version. SMT requested a short paper outlining how much a digital version would cost and how the work would be resourced.

**ACTION: MC/MS**

13. Mirella Marlow added that there was currently a team in MTEP evaluating digital technologies therefore it would make sense to utilise this resource for a pilot.

**No deal EU exit risk register (item 6.3)**

14. SMT reviewed a risk register developed by NICE's internal EU exit oversight group, to support planning for the UK's exit from the EU. Kelly Parry had advised that risk 6 regarding the EU-US Privacy Shield will continue to apply to the UK, and that this position had been confirmed by the ICO, therefore this risk could be downgraded.
15. Gill Leng raised the risk of NICE's TA process becoming marginalised as the UK is unable to contribute to an EU-wide appraisal process. It was agreed that the amendments discussed be incorporated and a paper be included on the February Board Strategy agenda.

**ACTION: AD/ER****Attendance at SMT and GE meetings (item 6.4)**

16. SMT agreed that Nick Crabb be invited to attend SMT and GE weekly meetings.

**EU exit (item 7)**

17. Andrew Dillon gave an update on NICE's current activities including responding to requests for information from the DHSC, attending monthly ministerial meetings with ALBs; monitoring actions from the DCMS and working collaboratively with the MHRA. A joint letter from NICE & MRHA has been sent to Liz Woodeson proposing an integrated timeline in a UK-only medicines regulatory process. A response is awaited.

**NICE Connect project (item 8)**

18. Gill Leng confirmed a further planning day had taken place to agree the project plan delivery. Progress was positive and key partners appeared to be very supportive of the pathways work. Gill agreed to prepare slides to update the Board at the next Strategy meeting.

19. It was noted that the project group had discussed the data management review currently underway with Civica which has identified the high level of transformation work that is required.
20. Reference was also made to the questions posed by Baroness Cumberlege during the pelvic mesh implant review where she sought to clarify what happens once NICE guidance is published. The review had raised questions about whether guidance was mandatory, where the obligations lie, who is accountable, and where is the patient voice? SMT discussed that there has long been a debate about the absence of a national steer and a single body with responsibility.

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

21. SMT agreed the staff updates.

**Other business (item 10)**

22. Andrew Dillon confirmed that NICE had been requested to attend the Health Select Committee on 7 March 2019 to answer questions on access to cystic fibrosis treatment. Andrew Dillon and Meindert Boysen will be attending.

The meeting closed at 11.55am.