

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 26 February 2019

Present

Andrew Dillon	Chief Executive
Paul Chrissp	Director – Centre for Guidelines
Jane Gizbert	Director – Communications
Gill Leng	Director – Health and Social Care
Alexia Tonnel	Director – Evidence Resources
Catherine Wilkinson	Acting Director – Business Planning & Resources

In attendance

Nick Crabb	Programme Director – Science Advice and Research
Helen Knight	Programme Director – Centre for Health Technology Evaluation
Elaine Repton	Corporate Governance & Risk Manager (minutes)
Mark Minchin	Associate Director – Quality & Leadership (item 7.1)
Tanya Slinn	Portfolio Manager, Digital Services (item 7.2)
Sheryl Warttig	Senior Technical Advisor, CHTE (item 7.3)

Apologies (item 1)

1. Apologies were received from Ben Bennett who was represented by Catherine Wilkinson, Meindert Boysen who was represented by Helen Knight, and David Coombs.
2. Andrew Dillon welcomed Nick Crabb who will be attending future SMT meetings. It was noted that Catherine Wilkinson will continue as acting director until Ben Bennett returns at the end of March.

Freedom of Information and publication scheme (item 2)

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

Declarations of interest (item 3)

4. The previously declared interests were noted. There were no conflicts of interest relevant to the meeting. Nick Crabb was to be added to the published register.

ACTION: ER

Minutes of the previous meeting (item 4)

5. The minutes of the meeting held on 19 February 2019 were approved, subject to the following:
 - paragraph 12 – Michael Rawlins corrected
 - paragraph 24 – clarification that Andrew Dillon and Meindert Boysen will be attending the Health Select Committee on 7 March 2019.

Matters arising (item 5)

6. The actions from the meeting held on 19 February 2019 were noted as complete or in progress.

7. Helen Knight confirmed that a report was being produced for SMT looking at the cost and resourcing of developing the evidence standards framework in digital format. Alexia Tonnel added that there were potentially two options – a digital tool which would be reasonably straight forward to develop, or a fully interactive version. Alexia advised against the latter as it would require much more work in the time available and was likely to become redundant in a relatively short timescale.
8. SMT briefly discussed the level of digital transformation required across the health and social care system and recent announcements which indicated that this was now being addressed at a strategic level by the DHSC.
9. Gill Leng highlighted that the risk she had raised relating to NICE's TA process becoming marginalised as the UK is unable to contribute to an EU-wide appraisal process, had not been incorporated in the revised risk register prepared for the Board Strategy agenda. It was agreed it be included in the next iteration of the register, along with any other suggestions from the Board meeting.

ACTION: ER/HK

February Board strategy meeting

10. SMT noted the agenda items for the board strategy meeting on 27 February and the public board meeting on 20 March 2019.

NICE Indicator process guide update 2019 (item 7.1)

11. Gill Leng introduced the update to the NICE indicator process guide and Mark Minchin highlighted the small number of changes made following the review of the Quality and Outcomes Framework (QOF). The report will be presented to the Board for review in March.
12. Paul Chriss suggested amending section 2.2 relating to the NICE teams involved in developing the indicators, in order to future proof the document by stating each team's role, but not the exact detail of who does what. This was agreed. It was also agreed to check whether the Board received the full process guide the last time it was presented, or whether a more detailed covering report and change log would suffice. Andrew Dillon requested the covering report should detail how the guide had evolved and how it was used by health care providers.

ACTION: MM

NICE Return on Investment Service (ROI) (item 7.2)

13. Tanya Slinn outlined the current position of NICE's Return on Investment Service (ROI) for health improvement interventions, since development of the first tobacco control tool in 2012. Due to several factors including the growing complexity and cost of maintaining the tools, inability to effectively assess their usefulness, and the fact that PHE had developed a similar range of resources providing more evidence, it was proposed to retire NICE's ROI tools – both the spreadsheet and digital tool.
14. SMT agreed to transfer NICE's ROI spreadsheets and digital tools for tobacco, alcohol and physical activity to PHE, with a caveat that PHE should focus a communication campaign on raising awareness of them.

ACTION: TS

Changes to CHTE topic selection (item 7.3)

15. Helen Knight sought SMT's view on a proposed set of principles to create a CHTE single topic identification, selection and routing function, in order to maximise consistency, efficiency process and stakeholder interaction. The report requested SMT's support of the next step to consult on the principles.
16. Sheryl Warttig advised SMT that a working group had been established including representatives from NICE teams, with invites extended to NHSE and the DHSC, to identify and plan the necessary changes. The DHSC and NHSE had not managed to send a rep.
17. SMT expressed concern that a broader input from the health sector was needed (notably NHSE, DHSC and OLS) due to the importance of topic selection across the system. It was felt that the right people needed to be engaged from the outset, otherwise the proposal risked failing the start. Andrew Dillon and Gill Leng agreed to contact Sam Roberts and John Stuart if needed to engage with NHSE and DHSC at a senior level.
18. SMT questioned the impact on NICE Connect. Gill Leng also raised a concern about the Interventional Procedures Programme which was missing from the report and needed to feature prominently given NICE has such a key role.
19. Andrew Dillon queried at paragraph 9 the reference to developing criteria for routing to the Highly Specialised Technologies programme, and asked whether this work was currently underway or being delayed until the Summer. Helen Knight confirmed that this work was going ahead with a summit planned for 18 April 2019 for NICE and NHSE to agree how to explain the criteria for HST, but the work still has to take place and therefore is not available for inclusion in this principles paper. It was requested that the table on page 8 be amended to include the existing criteria for routing HST guidance for now, rather than leave this section blank.
20. SMT discussed a process for addressing stakeholder views. It was agreed to remove the last sentence of paragraph 13 and review whether a stage could be included in the process guide.
21. It was requested that the proposed selection criteria at paragraph 17 be rewritten. SMT made a number of further requests for the paper to provide clarity on the options for medical technologies and diagnostics, digital technologies and other considerations that do not result in guidance being produced.
22. Helen and Sheryl agreed to revise the paper to reflect SMT's comments and share the next version with Andrew Dillon before bringing it back to SMT, and then the Board in May.

ACTION: HK/SW

Freedom to speak up guardians (item 7.4)

23. SMT noted the approach being taken by other ALBs and NHS bodies to formally appoint a Freedom to speak up (FTSU) guardian as an independent source of advice to employees who wished to raise a concern, in line with the whistleblowing policy.

24. Catherine Wilkinson advised that there was no specific guidance on who the FTSU guardian should be, but in other similar sized ALBs, a non-executive director had been appointed. Some larger bodies had more than one guardian, including an executive appointment.
25. SMT supported a paper being presented to the March public board meeting to allow the Board to have a discussion and make a nomination.

ACTION: CW/LS

No-deal EU exit risk register (item 8)

26. Andrew Dillon had updated the EU exit risk register following the discussion at the last SMT. The revised paper was included on the Board strategy agenda for a discussion in February.

NICE Connect project (item 9)

27. Gill Leng has produced a short slide presentation by way of a progress update for the board strategy meeting on 27 February.

Weekly staff SMT updates (item 10)

28. SMT agreed the staff updates for inclusion in YW@N.

ACTION: ER

Other business (item 11)

29. **HealthTech Connect launch** – Alexia confirmed that the paperwork had been finalised to allow the HealthTech Connect tool be launched. SMT noted that the clause which had taken time to negotiate with NHSE's lawyers, had concluded with NHSE owning the IP rights.

The meeting closed at 11.55am.