**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 13 October 2020

## Present

Gill Leng Chief Executive

Meindert Boysen Director – Centre for Health Technology Evaluation

Paul Chrisp Director – Centre for Guidelines

Jane Gizbert Director – Communications

Felix Greaves Director – Science, Evidence and Analytics

Jennifer Howells Director – Finance, Strategy and Transformation

Judith Richardson Acting Director – Health and Social Care

## In attendance

David Coombs Associate Director – Corporate Office (minutes)

Martin Davison Acting Associate Director – Finance (items 6.2 and 6.3)

Monica Desai Consultant Public Health Adviser – Centre for Guidelines (item 6.4)

Lee Dobson Programme Manager – Centre for Health Technology Evaluation (item 6.2)

Alison Liddell Programme Director and Deputy Digital, Information and Technology Director

Shaun Rowark Senior Analyst – Health and Social Care (item 6.1)

Mark Salmon Programme Director – Science, Evidence and Analytics (item 6.5)

## Apologies (item 1)

1. Apologies were received from Alexia Tonnel who was represented by Alison Liddell.

## Declarations of interest (item 2)

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

## Notes of the previous meeting (item 3)

1. The minutes of the meeting held on 6 October 2020 were agreed subject to a correction to paragraph 17 to note that the policy changes would be reviewed in the new year.

## Matters arising (item 4)

1. The actions from the meeting held on 6 October 2020 were noted as complete or in hand.
2. It was agreed that Rebecca Threlfall and Jane Gizbert would produce a slide for the upcoming all staff meeting on the next steps for involving staff in the strategy work.

ACTION: RT/JG

## Coronavirus (item 5)

1. There were no decisions at the gold group to confirm.

## Impact report: prostate cancer (item 6.1)

1. Shaun Rowark presented the latest impact report, which focused on prostate cancer. Due to the COVID-19 pressures across the health system at the time the scope was developed, it was not shared with stakeholders. However, the full report has now been reviewed by the National Prostate Cancer Audit and NHS England.
2. SMT reviewed the report and agreed it for submission to the November Board meeting subject to amendments, including to:
* Contextualise the impact of the COVID-19 pandemic by noting the expectations in the NHS’ 3rd phase response to the pandemic about resuming services.
* Clarify the rationale for asking Dr Graham to provide the external commentary.
* Include more information in the introduction about NICE’s role in this topic area.
* Review the information on prescribing for metastatic hormone-relapsed prostate cancer to ensure it uses the data in the latest innovation scorecard, provides sufficient caveats about the nature of the available data, and includes data on the impact on mortality and morbidity if available.

ACTION: SR

1. SMT discussed the approach to the impact reports more generally and agreed in future there should be a section on outcomes, which would include data on mortality and morbidity. It was agreed to also explore whether this section could include information on the impact of NICE guidance in relation to the use of resources and financial savings.

ACTION: SR/JR

1. SMT agreed that the upcoming strategy work should consider the future level of resources allocated to measuring NICE’s overall impact, including for example, whether to collect data on the uptake and impact of NICE’s guidance rather than solely use data from third parties.

ACTION: JH

## Business planning 2021/22 (item 6.2)

1. Jennifer Howells presented the paper that set out the proposed process and timescale for business planning for 2021/22. David Coombs summarised the proposed format for the corporate business plan and the template for the centre/directorate submissions. Martin Davison briefed SMT on the financial context and noted the uncertainty about the level of savings that will be required and outcome of the Comprehensive Spending Review (CSR). This necessitates a cautious approach to budget setting, which will aim to give headroom for investment in strategic plan priorities. Martin highlighted that the information from centres/directorates on cost pressures and savings will this year be formally brought to SMT.
2. Gill Leng stated that the objectives in the new strategy will be developmental and outline how the organisation will develop over the next 5 years. This means that not every objective in the annual corporate business plan, especially those that relate to ongoing activities, will link to a strategic objective. SMT therefore agreed to amend the guidance notes and template to make this clear. It was agreed that centres/directorates will be asked to submit proposed objectives for the business plan, and not seek to link these to a strategic objective. SMT will review the centre/directorate submissions and use these to develop a set of corporate objectives, some of which may link to the strategic ambitions and others may be more focused on the routine ongoing activities. When developing these business plan objectives, SMT will look at consolidating objectives that span multiple centres/directorates, and also consider if objectives are shared with other organisations. The objectives, covering strategic developments, transformation, continuous improvement, will then provide the framework for centre/directorate/team/individual objectives (‘the golden thread’). It was agreed that additional time should be allocated for this initial SMT discussion on the objectives in w/c 14 December, with SMT then continuing to refine the objectives in January and February.
3. It was agreed that Jennifer Howells would review and sign-off the amended guidance notes and template for circulation to the centres/directorates.

ACTION: DC/MD/JH

## External assessment centre (EAC) contracts: order value 2021/22 (item 6.3)

1. Lee Dobson presented the proposed minimum order value for the 5 EACs in 2021/22 and explained that while it is equivalent to 72% of the forecast activity, it is lower than the current budget for 2020/21. When the contracts began in 2018 the approach was to set the minimum order as 60% of the budget, but this change reflects the greater confidence in forecasting the likely activity. It also takes account of the need to ensure the minimum order enables the EACs to retain sufficient capacity. Martin Davison confirmed that he has reviewed the proposals and is comfortable from a financial perspective. He highlighted the risks to the centres’ viability if the minimum order is reduced further and noted that the resource can be utilised by other programmes if there is insufficient work from CHTE.
2. SMT noted the benefits of ensuring sufficient viability for the EACs and also the comments about the improved forecasting, but were also mindful of the need for a clear rationale to support increasing the minimum order as a percentage of the overall budget allocation. SMT agreed the budget allocation in principle and delegated to Jennifer Howells final sign-off of the allocation following further review outside of the meeting.

ACTION: JH/MB

1. SMT also supported the ongoing work to look at consolidating the contracts for the EACs alongside other similar technical support contracts at NICE.

## Guideline committee chair appointment (item 6.6)

1. Paul Chrisp presented the proposal to appoint Margaret Lally to the position of chair of the NICE guideline committee on Pernicious Anaemia, and noted that none of the declared interests are specific to the guideline.
2. SMT approved Margaret Lally’s appointment as chair of the guideline committee.

## Consideration of health inequalities in NICE guidance (item 6.4)

1. Judith Richardson and Monica Desai presented the paper that asked SMT to consider whether consideration of health inequalities could be strengthened across NICE’s programmes.
2. SMT noted that the paper raised several important and strategic issues that it was not possible to explore fully in this meeting. SMT confirmed the importance of NICE’s work in this area, noting that aiming to reduce health inequalities is one of the NICE Principles. It was agreed that tackling health inequalities must be embedded across NICE’s programmes and is interrelated to a number of other strategic issues such as the methods for guidance development; equality, diversity and inclusion; and digitalisation in health and care. SMT supported including health inequalities as a priority in the new strategic plan.

ACTION: JH

1. It was noted that tackling health inequalities will require partnership working across the health and care sector, and it was agreed NICE should seek to hold a workshop bringing together partners to explore this issue further. Monica Desai was asked to look at what the workshop could potentially consider. In addition, SMT agreed Judith Richardson should utilise the Public Health Registrars to explore the scope for pulling together a report on NICE’s impact to date in tackling health inequalities, and also consider how to promote NICE’s role in this area.

ACTION: MD/JR

## Business case for Access and Identity Management Services (AIMS) supply (item 6.5)

1. Mark Salmon presented the business case for Access and Identity Management Services (AIMS) prior to submission to the Department for Health and Social Care (DHSC). The AIMS contract is to supply the system which controls access to the journals and databases NICE purchases on behalf of Health Education England (HEE) for use by the NHS, and the access to locally purchased subscriptions.
2. SMT discussed how the contract relates to NICE’s remit and whether it would be more appropriate for another organisation to procure this service. It was agreed that in order to avoid disrupting provision of the service to the NHS, NICE should commence the procurement process and could then potentially hand this over to another organisation if the upcoming strategy review concluded it sat better elsewhere.
3. SMT therefore approved the business case for submission to the DHSC subject to minor drafting points and confirmation that the EU open tender route remained appropriate in the context of the upcoming end of the Withdrawal Agreement.

ACTION: MS

## Strategy (item 7)

1. It was noted the strategy development group meeting on 14 October will review the agenda and arrangements for the Board strategy away-day, with a view to circulating the pre-reading to attendees by the end of the week.

## EU exit (item 8)

1. No further update.

## London office move (item 8)

1. Alison Liddell noted that Jennifer Howells will be attending the programme board meetings in Alexia Tonnel’s absence.

## Any other business (item 10)

Public Health Advisory Committees (PHACs)

1. Paul Chrisp noted the paper brought to SMT in the summer on the future of the PHACs, and SMT’s decision to pause standing down any of these committees until there is more clarity on the implications of the abolition of Public Health England for NICE’s public health work. Paul stated that PHAC A has since finished its work and so there is a pressing need to consider its future. The proposal is to stand down the committee and move the chair to PHAC B (whose chair has indicated an intention to stand down) and distribute the committee members across the PHACs. The staff will instead support COVID-19 and NICE Connect work. SMT supported the proposal.

ISPOR conference

1. SMT considered the number of staff who could attend the upcoming ISPOR conference and whether to enable more staff than usual to attend given it is being held virtually and is half the usual cost. SMT agreed to double the number of maximum attendees paid for by NICE to 30 in light of the reduced cost. It was agreed that CHTE would continue to ensure a robust process for assessing applications from staff, which would consider the operational impact of staff attending.

ACTION: MB

1. It was agreed that SMT members should also continue to promote relevant virtual conferences to their staff, given these are usually lower cost than face to face events.

ACTION: SMT

IR35

1. Jennifer Howells reminded SMT of the IR35 legislation that requires employers to assess if an individual providing services to the organisation is in effect an employee and therefore should be subject to the same tax and National Insurance (NI) deductions as if they are on the payroll. Jennifer noted that the decision tree used to make the assessment changed and has since led to a number of inconclusive outcomes for workers engaged at NICE. It has not been possible to clarify the approach to such situations with HMRC and therefore the proposal is to continue to make the tax and NI deductions in cases where the assessment is inconclusive. SMT confirmed this approach was appropriate.

Equality, diversity, and inclusion

1. SMT noted the need to complete the paper for the November Board meeting that presents proposed new equality objectives alongside the annual equality report for 2019/20. Gill Leng noted that Rebecca Threlfall had offered to complete this work, and asked Jennifer Howells and David Coombs to support Rebecca in terms of clarifying the next steps. It was agreed that in the longer term, Jennifer would lead on this area and consider how it should be resourced.

ACTION: RT/JH/DC