**National Institute for Health and Care Excellence**

Executive Team

# Minutes of the meeting held on 3 August 2021

## Present

Meindert Boysen Director, Centre for Health Technology Evaluation and Deputy Chief Executive (chair)

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

Alison Liddell Programme Director – DIT Strategy and Governance

Rebecca Threlfall Chief of Staff

Elaine Repton Corporate Governance and Risk Manager (minutes)

Kevin Harris Director, Interventional Procedures Programme

Chris Bird Project Manager – System Engagement

Mark Salmon Programme Director - Science, Evidence and Analytics

Carla Deakin Programme Director – Commercial and Managed Access

Brad Groves Associate Director - Managed Access

## Apologies (item 1)

1. Apologies were received from Gill Leng and Alexia Tonnel. Meindert Boysen was chair for the meeting in Gill Leng’s absence and Alexia Tonnel was represented by Alison Liddell.

## Declarations of interest (item 2)

1. The previously declared interests were noted.

## Notes of the previous meeting (item 3.1)

1. The minutes of the meeting held on 27 July 2021 were agreed as a correct record.

## Matters arising (item 3.2)

1. The actions from the meeting held on 27 July 2021 were noted as complete or in hand.
2. Rebecca Threlfall confirmed the revised dates for two half day ET retreats – 23 August (am) and 31 August (pm). The agenda for each session was still to be finalised with Gill Leng but the time was expected to be used as preparation for the October board away day, with the future operating model being a key discussion topic (starting with the Centre for Guidelines on 23 August, with Paul Chrisp present). Rebecca agreed to circulate to ET the full list of potential agenda items for the board’s away day in October.

**ACTION: RT**

## Hot topics (item 4)

1. **Organisational design update** – Jennifer Howells gave an overview of the organisational design work that will be taking place during the coming weeks, specifically outlining the plans for the recruitment to the five new senior roles, starting with the Interim Chief People Officer in August. Directors were asked to send any final comments they may have on the job descriptions to Rebecca Threlfall.

**ACTION: All**

1. Directors who will see the greatest change to their directorate will be asked to lead engagement sessions with their teams, facilitated by SCW, to discuss the impact of the changes that will be taking place. This will primarily involve staff in the Health and Social Care, Communications, Centre for Health Technology Evaluation and Finance, Strategy and Transformation. Engagement with Digital, Information and Technology and the Centre for Guidelines, will need to take place regarding the Chief Digital Product Officer.
2. Jennifer advised that following the OD related announcements at the July all-staff meeting, questions and feedback from staff and the union needed to be responded to. ET noted that a Programme Manager was being recruited to support this work from SCW, working with Lisa Appleyard in comms. A number of questions related to returning to the office have also been received. An FAQ was being produced to try to answer most of the queries, and a new mailbox was being set up to capture and manage ongoing queries going forward.
3. Work planned for August included preparations for ceasing some functions; individual HR discussions with staff whose job description will be changing; and individual informal conversations with HR for those staff ‘at risk’ ahead of a formal management of change consultation process starting in September as needed. The preparation of the materials for the management of change was also underway. Jennifer was asked to produce a timeframe of events during August for circulation to ET.

**ACTION: JH**

1. **Comprehensive Spending Review bids** – ET discussed the process for developing draft CSR bids which are required to be submitted to DHSC by 5 August. Jennifer Howells shared the high level figures at this stage for two key bids – the transformation work and life sciences vision. The leads were currently working on the detailed narrative. The DHSC has asked for full bids by 26 August.
2. Judith Richardson stated that there was a potential opportunity for a bid to work with Health Education England (HEE) in a strategic partnership on implementation of NICE guidance. Judith advised that HEE was looking for support and it provided a great opportunity for NICE to promote guidance around C-19 recovery, cancer and CVD. It was agreed that Judith discuss her thoughts further with Martin Davison who is co-ordinating the bid.

**ACTION: JR**

## Patient Safety (item 5.1)

1. Kevin Harris presented an annual update from the Patient Safety Oversight Group (PSOG) for review by ET ahead of submission to the public board meeting in September 2021. The paper also set out proposals to meet the 2021/22 business objective to develop and communicate NICE's approach to patient safety in response to the IMMDS review. Kevin proposed the establishment of a systematic and sustainable patient safety model for NICE, describing the structure, resources and governance required.
2. ET welcomed the update and proposals but was concerned that considering the system-wide interest in patient safety, NICE might not be going far enough in its strategic approach and in its allocation of resources to the topic. Kevin was asked to reflect this broader strategic potential in the board paper and to work with Carole Longson to develop a potential bid as part of the life sciences CSR bid to DHSC.

**ACTION: KH/CL**

1. In relation to the draft board paper, ET requested the following amendments be made to:

* include a section to signal to the board that NICE is looking to have a more strategic role in the future in patient safety
* include a section on patient safety culture within NICE, internal monitoring of what NICE is currently doing in this area and reference to what’s on social media
* revise the resources required to deliver the future ambition, being mindful the paper is in the public board session
* include more detail about the changing position of patient safety in recent years and reference the Healthcare Safety Investigations Board.

**ACTION: KH/JR**

## HealthTech Connect and the NHS Innovation Service (item 6.1)

1. ET considered whether NICE should make a tender bid for the management aspect of the new NHS Innovation Service which will replace HealthTech Connect from March 2022. The paper presented three options of which Mark Salmon proposed option 1, that NICE should not submit a bid. The result of this would be lost income and overhead contribution in 2022/23 which would need to be funded from existing resources, but Mark was confident that NICE would retain an influence in relation to topic management and topic selection as an active member of the Accelerated Access Collaborative (AAC) board and the governance arrangements for the new service.
2. Jennifer Howells expressed concern at the financial impact but acknowledged that management of the Innovation Service would be on behalf of the wider system rather than something specifically aligned to NICE work programmes, and there were concerns that the existing team would not be sufficient for the expected volume of work and for managing the complexities of national organisations working together.
3. ET considered whether a joint bid with the Academic Health Science Networks would be a feasible option and a strategically important fit for NICE. It was agreed to discuss with Gill Leng whether option 3 might be of interest, and if so, was there to be a further discussion at ET. In summary, ET was inclined to support option 1, subject to a further conversation regarding the feasibility of option 3.

**ACTION: MS/FG/MB**

**Innovative Medicines Fund (item 6.2)**

1. ET reviewed an update on the development of the engagement document with NHS England for the Innovation Medicines Fund (IMF); proposals to engage with two non-executive directors of the board with a particular interest this area; and to agree the next steps to signing off the final engagement document.
2. Jennifer Howells sought clarification of the funding arrangement for NICE resources that are expected to support the IMF. It was noted that NICE had signed a 3 year agreement with NHS England which covered the overhead in the commercial and managed access team. Brad Groves was asked to add this to the report along with a section on the legal advice received regarding NICE’s role in this work to give assurances following previous queries from the board.

**ACTION: BG**

1. ET welcomed the paper and supported final sign-off of the IMF engagement document being delegated to the Chief Executive and Director of the Centre for Health Technology Evaluation.

## Decisions from Gold Group (item 7)

1. ET noted the decisions made at the Gold group meeting on 2 August:

* To stand down Gold group and CRG in place of a new operational management board with effect from September 2021. DC and RT were asked to draft a remit and terms of reference for review by ET.
* Agreed an approach to publishing Rapid C-19 briefings on the NICE website - that being a short summary for topics with a patient access decision.

## Review of the meeting (item 8)

1. ET agreed that the agenda included good strategic papers which had enabled strategic discussions, but some were slightly too detailed.

## Other business (item 9)

1. **Cyber security** – Alison Liddell reported that NICE had experienced an attempted cyber security attack which had impacted some staff being able to access NICE Space. The attack was prevented but prioritised by DIT as a category 1 outage and resolved. ET noted that there will be a report presented to the Audit and Risk Committee in September reviewing cyber security incidents and arrangements.
2. **Field Team presentation “the value of NICE” –** Judith Richardson advised that the Field Team had produced a report on their work and the value of NICE to the wider health system which had been an action from a previous ET meeting. ET were asked whether they wished to comment on the draft to give the paper a cross-organisational perspective. It was agreed that Judith be asked to share the paper at the Transformation Portfolio Board as the best forum to receive and discuss this, and Meindert Boysen suggested adding a section on a link with the life sciences hub.

**ACTION: JR**

1. **GIN abstracts –** The process for abstract reviews was queried. For the GIN conference, Gill Leng had asked to check the quality of presentations, but it was agreed that a longer term NICE-wide solution was required for submissions to (inter)national conferences to be approved and documented. It was agreed to follow the process used for GIN and other conferences in previous years this year, ie Directors take their own views, until a NICE-wide approach is approved by ET.
2. **Skills mapping –** ET discussed the feedback from the Senior Leader’s Forum meeting following the request from the Board to undertake a skills gap analysis of all staff. The concerns were primarily about the timing of the request (in view of the message it potentially sends to staff at a time of significant change), the presentation of a huge list of operational skills and lack of clarity as to how this would lead to a workforce plan. Jennifer Howells agreed to discuss the feedback with the HR team to consider how we could meet the Board’s requirement and concerns of the Senior Leaders.

**ACTION: JH**

1. **Methods and process review timeline –** ET noted that the start of the methods and process public consultation had been put back one week to the week commencing 16 August.