

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 3 February 2015

Present

Andrew Dillon	Chief Executive
Gillian Leng	Director – Centre for Health and Social Care
Jane Gizbert	Director – Communications
Ben Bennett	Director – Business Planning and Resources
Mark Baker	Director – Centre for Clinical Practice
Carole Longson	Director – Centre for Health Technology Excellence

In attendance

Julian Lewis	Governance Manager – Corporate Office
Nick Titterington	Associate Director Service Delivery – Evidence Resources (items 5.1 – 5.5 only)
Liz Evans	Senior Editorial Advisor – Communications (item 5.2 only)
Emma Webb	Senior Service Delivery Manager – Evidence Resources (item 5.2 only)
Vince Doyle	Associate Director Design and Development – Evidence Resources (items 5.1 – 5.5 only)
Sarah Cumbers	Associate Director – Guidance Development (item 5.4 only)
Mark Salmon	Programme Director – Evidence Resources (items 5.5 and 5.7 only)
Sally Chisholm	Programme Director – HTAP (item 5.8 only)
Meindert Boysen	Programme Director – Centre for Health Technology Evaluation (item 5.9 only)
Janet Robertson	Associate Director – Centre for Health Technology Evaluation (item 5.9 only)
Lorraine Howard Jones	Associate Director – Business Planning and Resources (AOB – recruitment freeze only)
Sarah Mort	HR Manager – Business Planning and Resources (AOB – recruitment freeze only)

Apologies

1. Apologies were received from Alana Christopher.

Freedom of Information and Publication Scheme

2. Final documents will be made available on the NICE website in accordance with the Publication Scheme, subject to the redaction of exempt material including paper 5.5 on the Electronic and Print Content Framework which was commercial in confidence and paper 5.9 on the Pharmaceutical Price Regulation Scheme 2014 which would be published at a later date.

Note of the previous meeting

3. The minutes of the 27 January were approved as a correct record.

Matters arising

4. Andrew Dillon said he had not yet had the opportunity to discuss the Office for Market Access with Carole Longson.

5. Andrew Dillon said that he, Gill and Ben had considered corporate capacity to engage with NHSE and DH policy development. He said further discussions would be held with NHS England.
6. Alexia Tonnel advised that any new technology used to manage room bookings should be discussed at the Design Authority to ensure a consistent approach to the uptake of new IT software and this was agreed.
7. SMT noted all other actions were in hand.

Digital Projects Portfolio 2014-15

8. Alexia Tonnel updated SMT on the status of projects within the Evidence Resources digital strategy. She advised SMT that project capacity utilisation was down in January, a month where more focus had been placed on continuous improvement and defect resolution. Overall IM&T capacity utilisation was in line with projections and without any anticipated overspend.
9. Alexia said there were challenges in developing the MedTech prototype toolkit which had arisen during feedback from users. This project was still in the discovery stage and it was anticipated that outstanding issues would be resolved during ongoing information gathering over the next period.
10. Andrew Dillon sought assurance that the consultant capacity that had been paid for was being fully utilised or that if not, that budget savings would accrue. Alexia assured SMT that IM&T resources were being closely managed and would be kept within budget.
11. SMT received the update but agreed the presentation of the charts in Appendix C should be accompanied by an explanatory key to assist comprehension.

ACTION: AT

Publications system for guidance

12. Liz Evans advised SMT that a new system had been developed to improve the publication and presentation of guidance on the website. She said appearance on the website was unchanged but the 'back-end' had been cleaned up to improve the efficiency of the work flow process. She said the new approach had been jointly developed by the IM&T, Publishing and Web Teams which had been a very positive collaboration.
13. Emma Webb gave a demonstration of how guidance information is managed under the new publications system. She said twenty two guidance products were live and more would be progressively added. She said the workflow process was very important in helping other teams engage in the process at the appropriate time.
14. Andrew Dillon queried the arrangements for authorising publication of guidance and said access rights should be carefully managed to maintain the integrity of the publishing process.
15. Emma Webb advised that conversion of documents to HTML required training and therefore a limited number of people are currently involved but the intention was to devolve some functions to teams over time where appropriate.
16. Carole Longson emphasised that any post-publication changes should be managed by the guidance teams. She added the editing work flow process had to

be carefully handled to mitigate against inherent risks of devolving 'authorisation to publish' to too many users of the system.

17. Liz Evans advised SMT that current access rights have not changed and processes were in place to manage access to the system.
18. Andrew Dillon said appropriate checks and balances needed to be in place to prevent accidental publication of incorrect information but this needed to be balanced against the need for efficiency in the process.
19. Nick Titterington said access controls were in place and the key control was final authorisation which was limited to a small number of people in the web team.
20. Mark Baker asked whether full clinical guidelines would be included and Liz Evans confirmed they they would.
21. Andrew Dillon said the new presentation was much improved and commended the good collaboration between the teams in completing the project.

Recruitment review of technical roles

22. Alexia Tonnel presented a request to waiver from the temporary recruitment freeze to enable some Digital Services roles requiring specialist technical skills to be advertised for external recruitment as they were business critical and the recruitment environment for IT posts was challenging.
23. Andrew Dillon queried if any of the posts might be suitable for staff at risk in the HSC management of change restructuring and Gillian Leng assured SMT that there was no overlap in the required skill set.
24. SMT agreed the waiver.

ACTION: AT

Guidance development plan

25. Sarah Cumbers presented a proposal for transforming the guidance development plan into a 12 month rolling programme with more detailed information and quarterly reporting to SMT. She said the precise scope of activities towards the end of the 12 month period would be less certain as they were dependent on the outcome of discovery phases for most other projects currently in progress.
26. Alexia Tonnel added that the aim was to provide more clarity to the vision of the Future State for guidance development and linkages between different strands of work.
27. Carole Longson queried whether external commercial organisations already existed to manage evidence gathering.
- ~~28.~~ Andrew Dillon queried the commercial opportunities for marketing the system once completed. Nick Titterington said this had not been ruled out but there was also the option of providing it as an 'open source' product for the digital development of guidelines.
29. Gillian Leng asked if the changes to the guidance development process would impact on the skill set required by guidance teams members. She indicated that this might effect the skill mix required in the reconfigured health and social care directorate. Alexia Tonnel thought that it was too early to say but there would

clearly be a requirement for staff to understand the new system for publishing guidance content.

30. Mark Baker suggested that when the system was fully operational in 3-5 years time it would require a different skill set to manage guidance development as we moved away from MS Office products.
31. The report was received.

Electronic and print content framework

32. Mark Salmon presented an updated framework agreement for the provision of electronic and print information to health professionals. He said the Framework enabled health organisations to purchase content through a single gateway instead of undertaking multiple individual procurement exercises. He said the work programme associated with the Framework was cost neutral to NICE as it was funded by Health Education England.
33. Mark Salmon said the original Framework Agreement had performed strongly since it was first established in 2013 with sales of £14.63m and covered fourteen publishers out of a potential 25 publishers. The NICE Framework had established a reputation for a good skill set and effective management.
34. Andrew Dillon asked if success for the Framework was based on income and if do, whether there was agreement on what the total spend might be. Mark Salmon said this was difficult to assess this as there had been budget reductions in content purchasing and there was increasing scrutiny of independent local decisions about what information should be made available to health professionals. He said it was possible to identify what every Trust was purchasing through the Framework and the tendency was for national decisions to be made on what to buy based on common trends at local level. The total spend might therefore not change, or even reduce without restricting access to users.
35. Mark Salmon highlighted the management charge to be levied for the next 3 years to 2018. He said the Framework may be tendered in future years when NICE would have the opportunity to decide on its continued involvement in this area of work.
36. Andrew Dillon said the charges should be re-visited to ensure full cost recovery and the final proposal shared with him and Ben Bennett before procurement of a new Framework.
37. Subject to this the Framework was approved.

ACTION: MS

National Information Board Terms of Reference

38. Alexia Tonnel presented the Terms of Reference for the National Information Board (NIB) for approval. She said the NIB was intended to provide access to accredited NHS and social care 'apps' with a standardised presentation of information.
39. Carole Longson queried the resources available after March where funds would need to be identified to provide continued support for the work requested by the DH.

40. Alexia Tonnel acknowledged that this was not part of the mainstream ER work and therefore funding would need to be identified from other work areas beyond March 2015.
41. Andrew Dillon said the funding requirements should be shared amongst the four organisations involved in the Programme Delivery Team which included NHSE, PHE, HICIC and NICE with consideration for their relative size. He said careful consideration was needed on the relative importance of this work alongside other priorities. The Terms of Reference were approved.

Syndication application

42. Mark Salmon presented an application for a 3 year syndication licence from Elsevier. He said they were a top three international publisher and produced a product called Clinical Key which was a decision support system sold to Trusts. He said the charge for the licence was still subject to negotiation with a view to a cost recovery solution. Alexia Tonnel advised that there was no restriction on charging for international syndication.
43. Andrew Dillon said the aim was initially to achieve a cost recovery charging structure. He said the fundamental economic position had changed since the syndication service was first launched and the Treasury was keen to pursue revenue generating solutions where this was possible.
44. SMT agreed to ratify the licence application subject to final agreement on the charging structure.

ACTION: AT

Health and Care Innovation Expo 2015

45. Danielle Mason presented proposals for NICE to provide a speaker at the forthcoming Health and Care Innovation Expo in September 2015.
46. Andrew Dillon said emphasis needed to be given to the value NICE could bring to health and care systems that would encourage the NHS to do more for patients.
47. SMT agreed to nominate Carole Longson as a plenary speaker for the event.

ACTION: JG

Pharmaceutical Price Regulation Scheme 2014

48. Andrew Dillon reminded SMT that the Pharmaceutical Price Regulation Scheme (PPRS) had been previously considered by SMT and the purpose was to consider the relevance of the PPRS to decision making in technology appraisals.
49. Carole Longson added that consideration needed to be given to whether or not NICE should formally consult on the Payment Mechanism of the PPRS in light of legal advice and the potential for it to impact on decision making on cost effectiveness in Appraisals Committees.
50. Carole Longson suggested a limited consultation with the DH, ABPI and NHSE over a 10 day period after which the statement on the impact of the PPRS on the appraisals process would be re-submitted to SMT for final approval.
51. SMT approved the position statement and agreed that it should be exposed to NHSE, DH and ABPI for a short consultation..

ACTION: CL

Triennial review

52. Andrew Dillon advised SMT that over fifty submissions had been made to the Triennial Review, most of which were generally positive and supportive. He said the stage 1 review is expected in early February.

Weekly staff SMT updates

53. SMT agreed the staff updates.

ACTION: JL

Any other business

54. Lorraine Howard-Jones raised the handling of the recruitment freeze in place for the duration of the HSC management of change proposals. She said there was normally a blanket freeze but exceptions could be considered on a business critical basis. The options were for HR to manage this in consultation with relevant directors or alternatively SMT could receive a regular report and collectively decide which posts may be exempt. She said the agreed process would need to continue until termination notices had been given to affected staff.
55. Andrew Dillon said it was important to have a freeze but this should be conditional on due consideration of posts which were business critical and/or posts which were clearly not suitable for affected staff. He said the criteria and conditions for such an approach needed to be clearly documented.
56. SMT agreed that affected posts should be routinely submitted to SMT with a recommendation from HR following consultation with relevant directors. Lorraine Howard-Jones should draft a position statement on the conditions to be applied and submit this to Andrew Dillon before implementation. HR should attend SMT for this item at future meetings.

ACTION: LHJ

57. Andrew Dillon advised SMT that the February Board Strategy meeting would consider the 2015-16 Business Plan together with comments received from NHSE. He said in advance of this SMT would consider the business plan at its meeting next week. He asked all members of SMT to revisit their departmental business objectives to ensure they are sufficiently fine-tuned. Following consideration by SMT the business plan would be submitted to the Board.

ACTION: ALL