

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 16 January 2018

#### Present

Andrew Dillon	Chief Executive (item 5 onwards)
Mark Baker	Director – Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
Jane Gizbert	Director – Communications
Gill Leng	Director – Health and Social Care
Carole Longson	Director – Centre for Health Technology Evaluation
Alexia Tonnel	Director – Evidence Resources

#### In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Janette Boynton	Associate Director – Guidance Information Services – Evidence Resources (item 6.1)
Andrea Heath	Information Specialist – Guidance Information Services – Evidence Resources (item 6.1)
Mirella Marlow	Programme Director – Centre for Health Technology Evaluation (item 6.3)
Elaine Repton	Governance Manager: risk assurance (item 6.2)

#### Apologies (item 1)

1. None.

#### 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.

#### Notes of the previous meeting (item 3)

3. The minutes of the meeting held on 9 January 2018 were approved subject to a minor amendment to paragraph 22.

#### Matters arising (item 4)

4. The actions from the meeting held on 9 January were noted as complete or in hand. It was agreed that the management of change policy will be brought to the May Public Board meeting given the number of items already scheduled for the March Board meeting.

#### January Board meeting (item 5)

5. SMT noted the agenda, papers and arrangements for the Board meetings on 17 January 2018.

#### Literature review of assessment and opinion on NICE's work (item 6.1)

6. Janette Boynton and Andrea Heath presented the review of literature which assesses or provides an opinion on NICE's work. The review particularly focused

on NICE's value, methodology, the impact and implementation of guidance, and NICE in comparison to other guideline producing organisations. Alexia Tonnel highlighted the context to the paper, which was produced to deliver a business plan objective, which itself originated in a recommendation from the triennial review of NICE.

7. SMT discussed the review, noting the articles were overall positive about NICE and its work. It was agreed that the review should be summarised for presentation to the Board, with explanation in the covering paper of the origins in the triennial review and business plan.

**ACTION: AT**

8. It was agreed that the literature review provided valuable feedback about NICE, alongside other sources of information including the implementation and reputation surveys. As such, it was agreed the literature review should be updated every six months.

**ACTION: JB / AH**

#### **Gifts and hospitality policy (item 6.2)**

9. Elaine Repton presented the revised gifts and hospitality policy, which takes account of the provisions in the pan-NHS guidance on managing conflicts of interest.
10. SMT reviewed the policy and identified a number of amendments. It was agreed that the policy should be further simplified where possible, including to state that gifts should be declined unless this would cause offence, and hospitality can only be accepted when it is secondary to the business event. It was agreed that travel, accommodation and meals necessary to enable NICE's fee for service activity to be undertaken could be accepted when consistent with the levels in the policy. The recording of accepted travel, accommodation, and meals should make clear where this relates to fee for service activity.
11. It was agreed that the policy, with the above amendments, would be submitted to Andrew Dillon for approval on behalf of SMT.

**ACTION: AD / DC / ER**

#### **MedTechScan update (item 6.3)**

12. Mirella Marlow presented the update on the MedTechScan project, outlining the outcome from the discovery and alpha phases. The project board, chaired by NHS England, will be asked on 26 January to agree the project can proceed to the build and launch phase. The tool would then go live in Autumn 2018.
13. SMT discussed the main risks to the project, in particular the long-term funding for the tool. Mirella highlighted the letter of intent from NHS England to provide funding to August 2020. Options for a future funding model are being developed, and based on discussions to date, Mirella felt it was unlikely that the long-term funding cannot be resolved. SMT highlighted the importance of securing this agreement as early as possible.
14. SMT supported the recommendation to the MedTechScan project board to proceed to the build and launch phase, and asked that any material issues from

the project board are fed back to SMT. It was agreed that the options paper on the long-term funding should also be brought to SMT prior to discussion at the project board later in 2018.

**ACTION: MM**

**Draft proposal to work with Medicaid (item 6.4)**

15. Gill Leng presented the updated draft proposal for how NICE could initiate work with Medicaid in New York state, following an initial SMT discussion in December.
16. SMT discussed the proposal and agreed it would be appropriate to seek an initial modest contribution from Medicaid towards the costs NICE would incur undertaking the proposed diagnostic. Also, it would be helpful if Medicaid identify the priority areas for the potential joint work on gaps in clinical care and quality to ensure relevance to the US context.

**ACTION: GL**

**Guideline Committee chair appointment (item 6.5)**

17. Andrew Dillon highlighted that in the context of the review of NICE's declarations of interest policy and other developments in the guideline programme, SMT will now ratify proposed appointments of guideline committee chairs. In line with this process, Mark Baker presented the proposal to appoint Dr Kate Harding as chair of the guideline committee on antenatal care.
18. SMT confirmed the appointment.

**Business planning (item 7)**

19. It was noted that the draft business plan had been submitted to the Department of Health and Social Care (DHSC). The business plan, amended as necessary in light of this feedback, will be brought to SMT prior to consideration at the February Board Strategy meeting.

**Weekly staff SMT updates (item 8)**

20. SMT agreed the staff updates.

**ACTION: DC**

**Any other business (item 9)**

21. None.