

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 24 April 2018

#### Present

Andrew Dillon	Chief Executive
Gill Leng	Deputy Chief Executive and Director – Health and Social Care (from item 6.4)
Mark Baker	Director - Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
Mirella Marlow	Acting Director – Centre for Health Technology Evaluation

#### In attendance

Paul Chrisp	Programme Director and Deputy Health and Social Care Director (up to item 6.4)
Mark Salmon	Programme Director – Information Resources
Moya Alcock	Associate Director – Corporate Communications and Deputy Communications Director
Elaine Repton	Governance Manager: risk assurance (minutes)
Danielle Mason	Senior External Communications Manager (item 6.4)

#### Apologies (item 1)

1. Apologies were received from Jane Gizbert and Alexia Tonnel. They were represented by Moya Alcock and Mark Salmon respectively.

#### 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.

#### Chief Executive's announcement

3. Andrew Dillon confirmed that Meindert Boysen had been appointed as the new Director of the Centre for Health Technology Evaluation, to succeed Carole Longson. Andrew would formally announce the appointment to all staff via email today.
4. SMT placed on record their thanks to Mirella Marlow for her stewardship of the CHTE in the interim since Carole's departure in January.

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

5. The minutes of the meeting held on 17 April 2018 were approved.

#### Matters arising (item 4)

6. The actions from the meeting held on 17 April 2018 were noted as complete or in hand.
7. **Flexible working policy** – Andrew Dillon referred to the issue of term time only working, in particular the potentially significant impact on NICE if large numbers of applications were received.

8. It was agreed that the option of term time only working would only be considered in exceptional circumstances. It was also agreed that the range of flexibilities in the policy is extensive and that it should not imply that it is open-ended.

**ACTION: BB/GM**

#### **April Board strategy meeting (item 5)**

9. **Annual report and accounts** - It was agreed that an updated version of the annual report and accounts be presented at the Board meeting on 25 April. Andrew Dillon asked that it be emailed to the Board members as soon as possible, rather than tabling at the meeting.

**ACTION: JD/DC**

#### **CHTE 2020 transformation project (item 6.1)**

10. Mirella Marlow presented a progress report on CHTe 2020 transformation project detailing the achievements in the first year and the planned activities for 2018/19. In relation to the nine project work streams, Andrew Dillon asked whether there should be a tenth project to develop NICE's involvement in PPRS negotiations and contributions to the Life Sciences strategy. It was also noted that there were additional benefitting partners such as patient groups.
11. Mark Baker asked whether there could be an interface with the CfG within work stream 9 to address obsolete TAs. Mirella suggested that a resource could potentially be identified through a PHE placement.
12. Ben Bennett added that the funding required for new activities within the project will be on the basis of non-recurring savings within the Centre, and pointed out that assumptions about the continuation of funding from NHS England and other public sector partners was subject to change.

**ACTION: MM**

#### **NICE Impact report – cardiovascular disease prevention (item 6.2)**

13. SMT reviewed NICE's latest impact report on cardiovascular disease (CVD). SMT welcomed the report's focus on prevention and suggested including:
- a paragraph on diabetes and digitalisation
  - reference to the NHS Health Check to highlight the collaboration between national agencies dealing with CVD prevention (PHE, NHSE and local authorities)
  - the reasons why effective treatments are not being taken up (e.g. take up of alirocumab and evolocumab to treat cholesterol being 62% lower than expected) and the impact of this on outcomes for patients
14. Mark Baker queried the reference to savings of £100m to the NHS by 2020/21 (page 17). Paul Chrisp agreed to check the basis of the figure.

**ACTION: PC**

### **Finance and resource report (item 6.3)**

15. Ben Bennett reported the provisional outturn position as at 31 March 2018 and gave an overview of the 2018/19 budget.
16. SMT discussed the new pay deal, the reserves position and a new allocation in 2018/19 for the Data lab project. The report was noted.

### **Corporate PowerPoint templates (item 6.4)**

17. Danielle Mason presented new design templates for NICE PowerPoint slides. SMT expressed differing preferences and queried whether there was any visual impairment standards needed to be met.
18. The following actions were agreed:
  - Danielle Mason to check whether there were any accessibility issues regarding visibility impairment guidelines
  - SMT to review and agree a stock set of NICE slides; Andrew Dillon to review the wording in the first instance
  - The designs to be produced with both dark and light backgrounds to allow staff to select from the approved stock set
  - SMT to agree the communication to staff including instructions for their use.

**ACTION: DM/AD**

### **The NICE Foundation (item 7)**

19. Andrew Dillon updated SMT on progress with the NICE Foundation. The Project Board is due to hold its second meeting on 25 April to continue to work through work through the issues log with a full report being prepared for the June Board strategy meeting.

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

20. SMT agreed the staff updates.

**ACTION: ER**

### **Other business (item 9)**

21. Mark Baker raised an issue from a stakeholder workshop meeting where PHE and reps from ASH had objected to the national vaping industry being represented. The vaping industry rep had opted to leave the meeting but the matter needed to be resolved. The DHSC had been asked to give a ruling.
22. It was recognised that this was a sensitive issue. Mark Baker agreed to approach the anti-smoking groups independently for clarity on the basis of their objection, so that the Board could be provided with the full details.

**ACTION: MB**