

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 7 February 2017

#### Present

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

#### In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Sarah Cumbers	Associate Director – Guidance Development Project (item 5.1)

#### 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 31 January 2017 were approved, subject to the removal of paragraph 18 which Mark Baker noted did not accurately reflect the content of NICE's diagnostics guidance DG10.

#### Matters arising (item 4)

4. The meeting reviewed the actions from the meeting held on 31 January 2017 and noted that all actions were complete or in hand.
5. Mark Baker confirmed that the asthma diagnosis and monitoring guideline development committee will meet in March to consider the implications of the implementation feasibility project on the draft guideline. There has not been a decision on whether to undertake further consultation if the guideline remains as currently drafted. Andrew Dillon stated in such circumstances, consultation could still add value as it would highlight the action taken in response to the comments raised in the initial consultation on the draft guideline.

#### Strategy discussion (item 5)

6. Sarah Cumbers presented the updated slide-deck outlining progress with the strategic change programme. Implementation of the management of change (MoC) exercises in the Centre for Guidelines, Health and Social Care and Communications directorates remains on track. Currently, six redundancies are likely as a result of these and two earlier MoCs. Two of the affected staff members are likely to be entitled to redundancy payments over £100k, and GAC approval has been sought.

7. SMT discussed further potential MoC exercises planned or in the early stages of development. It was agreed that the MoC summary timeline (slide 6) should be updated to reflect these, including those which are not part of the savings programme.

**ACTION: SC**

8. Ben Bennett updated SMT on the current position with the proposal to recover the costs of the technology appraisal (TA) and highly specialised technologies (HST) programme. SMT noted the latest update from the Department of Health and discussed the next steps, including the further issues to be considered and resolved.
9. Andrew Dillon then asked SMT to highlight any material changes with the 2020 programme since the last strategy meeting.
10. Mark Baker referred to slide 23, and the proposal to decommission a Public Health Advisory Committee (PHAC), which is currently on hold. The Centre for Guidelines has already achieved the required level of savings, and since the proposal was first identified, a PHAC has been reconfigured to produce guidance on managing common infections. Mark stated that reducing the number of PHACs to four would raise concerns from stakeholders about NICE's commitment to public health guidance. Also, due to the inclusion of public health staff in the Centre for Guidelines MoC, decommissioning a further PHAC would realise less savings than when the proposal was outlined at the start of the 2020 programme. He therefore sought agreement to formally stand down the proposal. SMT agreed to remove this from the 2020 programme.
11. Gill Leng updated SMT on NICE's proposed involvement in a digitally enhanced IAPT programme, and the envisaged income from NHS England.
12. Alexia Tonnel updated SMT on the implications for the digital services team of the change in HMRC rules regarding contractors employed by a personal services company. She noted the potential impact on capacity within the team in the first quarter of 2017-18, and confirmed she would update the slide-deck to reflect the heightened risks.

**ACTION: AT**

**Proposed changes in the Business Planning and Resources (BP&R) directorate (item 6.1)**

13. Ben Bennett presented the consultation paper for a proposed management of change exercise (MoC) affecting the finance, HR and corporate office functions within BP&R. He outlined the proposed changes and the rationale, noting these will deliver benefits to service delivery and financial savings.
14. SMT discussed the proposals and noted the rationale for increasing the Manchester presence in the directorate. SMT agreed the proposals for consultation. It was agreed to remove paragraph 21, as it would be more appropriate to brief staff on the long term position of the London office at all staff meetings.

**ACTION: BB**

## **Weekly staff SMT updates (item 7)**

15. SMT agreed the staff updates.

**ACTION: DC**

## **Any other business (item 8)**

### NHS England conflicts of interest policy

16. Gill Leng highlighted that NHS England has today published proposed guidance on managing conflicts of interest in the NHS. Subject to approval by the NHS England Board later this week, the guidance will take effect in June 2017. SMT noted that the working group to review NICE's conflicts of interest policy will take account of the guidance as appropriate.

### NHS leadership

17. Gill Leng highlighted the request for NICE to set out actions to support the delivery of NHS Improvement's leadership framework. It was agreed that a paper on this issue should be brought to SMT.

**ACTION: GL**

### Changes to SMT meetings

18. Andrew Dillon noted that he and Gill Leng are due to attend the meeting of the ALB Chief Executive's Board next Tuesday. It was agreed that the SMT meeting should therefore start at 10.30. Similar arrangements should be made for the future SMT meetings that coincide with these meetings. In addition, it was agreed that the SMT and Guidance Executive meetings planned for 16 May should be brought forward to 15 May to allow time to travel to the pre-Board meeting dinner on 16 May.

**ACTION: DC**

### Sustainability and Transformation Plan (STP) development event

19. SMT noted the presentations regarding mental health and urgent and emergency care from the recent event for the STP leads across the NHS. SMT considered the relevance of NICE guidance to the issues raised in the presentations. It was agreed that it would be helpful to highlight the guideline on emergency and acute medical care that is in development, and also references to discharge to assess in NICE's existing guidance. Andrew Dillon asked SMT to highlight any further issues to feed back.

**ACTION: SMT**

### Risk management policy

20. Andrew Dillon presented a proposed revised risk management policy, to take account of recent discussions at the SMT and Audit and Risk Committee on the risk appetite statement. SMT reviewed the policy and suggested a number of potential revisions, including to clarify the focus of the risk management process. It was agreed that the section on information risk management was not required, given the general risk management approach applies to information risks. Also, additional information is outlined in NICE's information governance policies.

21. SMT agreed that the policy, subject to amendments to reflect this discussion, should be shared with the chair of the Audit and Risk Committee for comment. The updated policy could then be brought to the Board for approval. A brief update on this work would also be provided to the February Board Strategy meeting.

**ACTION: AD**

FINAL