

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 28 February 2017

#### Present

Andrew Dillon	Chief Executive
Mark Baker	Director – Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
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)
Moya Alcock	Associate Director – Corporate Communications (Deputy Communications Director)
Sarah Acton	Senior HR Business Partner, Specialist Services (item 5.5)
Meindert Boysen	Programme Director – Centre for Health Technology Evaluation (item 5.1)
Paul Chrisp	Programme Director – Health and Social Care directorate (items 5.2-5.4)
Julie Royce	Associate Director – Implementation Support – Health and Social Care directorate (item 5.4)

#### Apologies (item 1)

1. Apologies were received from Jane Gizbert who was represented by Moya Alcock.

#### 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 21 February 2017 were approved.

#### Matters arising (item 4)

4. The meeting reviewed the actions from the meeting held on 21 February 2017 and noted that all actions were complete or in hand.
5. Andrew Dillon stated that he had agreed with David Haslam to defer a discussion on Board behaviours from the March Board meeting to a later date. The position could be revisited after the current chair recruitment.

#### Outcome of consultation on changes to the Technology Appraisal (TA) and Highly Specialised Technologies (HST) programmes (item 5.1)

6. Andrew Dillon introduced the item, which included the draft paper to the March Board on NICE's response to the feedback in the recent consultation, alongside the four accompanying documents that set out changes to NICE's methods and processes. The papers will be amended in light of any comments from SMT, and

then shared with NHS England for comment. Next week's SMT meeting will then review and sign-off the updated Board paper.

7. SMT considered the key proposed changes to NICE's methods and processes, starting with the procedure for varying the funding requirement to take account of the net budget impact of a technology. SMT confirmed the importance of a clearly defined process for how NICE will consider such requests from NHS England and agreed that paragraphs 3.5 to 3.8 in the paper should be revised to outline the criteria NICE will use when deciding whether to vary the funding direction. It was also agreed that the paper should also outline NICE's expectations around the availability of a technology in the period during which the funding direction has been deferred.

**ACTION: CL**

8. SMT noted that supporting procedural notes will be developed to set out the respective responsibilities of the Centre for Health Technology Evaluation and Health and Social Care directorate.
9. Andrew Dillon outlined the revised proposals for the HST programme in response to the consultation feedback and the previous SMT and Board discussions. SMT discussed the revised proposals and agreed that it would be helpful to amend the Board paper to more clearly explain the proposed QALY modifier. Also, to add the context and the rationale for the proposals. SMT noted and discussed the potential longer term budget impact of technologies which offer significant therapeutic benefit. Carole Longson and Meindert Boysen noted the approaches for managing such risks, including the negotiation of managed access agreements. It was agreed information on these risk management arrangements should be added to the report.

**ACTION: CL**

10. SMT discussed the Fast Track Appraisal (FTA) proposals. It was agreed that the Board paper should be amended to clarify that the Board is asked to agree to introduce the FTA as per the consultation paper (i.e. for products with a base case cost effectiveness of £10,000/QALY). Also to note the intention to develop proposals to apply the principles of the FTA to a wider range of topics; further detail on which will be brought to the Board at a later date.

**ACTION: CL**

11. SMT discussed the format for the Board paper and the level of information to be provided. Andrew Dillon noted the extent of information presented in the report and the appendices and highlighted the importance of supporting the Board to focus on the material changes that are proposed. He suggested therefore that the Board is asked to approve the material changes to the methods and processes, and agree SMT should operationalise these by revising the methods and process guides as necessary. Carole Longson noted that the Board has previously reviewed proposed changes to NICE's methods and process guides. Andrew stated that he would reflect further on the format for the Board paper.

**ACTION: AD**

12. SMT noted the level of turnover amongst the Non-Executive Directors, in particular since the Board approved the proposals for consultation. It was therefore agreed that the morning session of the March Board meeting should include a

presentation on the background to the TA and HST programmes, and the context for the consultation. It would also provide the opportunity for the Board to discuss the proposed changes in further detail.

**ACTION: CL / MBo**

**NICE uptake and impact report (item 5.2)**

13. Gill Leng and Paul Chriss presented the proposed uptake and impact report to be presented to the March Board meeting.
14. Andrew Dillon noted the volume of information in the report and asked whether there are alternative methods for sharing this with the Board and interested stakeholders, rather than as a standalone six-monthly report.
15. Following discussion, it was agreed that the report should be presented to the March Board meeting for information. The accompanying cover paper should set out proposals for reporting the information in the report to the Board and wider stakeholders in a more accessible format moving forward.

**ACTION: PC**

16. Moya Alcock noted the need for caution in taking the number of enquiries on a topic and web traffic as measures of the level of interest in NICE's work. Such peaks could relate to the particular circumstances around a piece of guidance for example.

**NICE approach to disinvestment (item 5.3)**

17. Paul Chriss presented the proposed report to the March Board, that provides an update on the actions agreed in November on NICE's support for appropriate investment and disinvestment.
18. SMT agreed the report for submission to the Board, subject to the addition of further information on the rationale for the changes to the 'do not do' recommendations. Also, screenshots should be added to illustrate the proposed redesign of the savings and productivity digital offer.

**ACTION: PC**

**NHS Improvement Leadership Development strategy (item 5.4)**

19. Gill Leng and Julie Royce presented the paper that outlined NICE's activities to deliver three pledges within the system wide leadership development strategy developed by NHS Improvement. Julie outlined the link between actions in NICE's business plan and the pledges in the strategy.
20. SMT discussed NICE's contribution to the leadership development strategy and agreed this should be through the identified actions in the business plan. It was agreed that Andrew Dillon should be the lead for the action regarding continuous improvement. SMT agreed that NICE's contribution to the strategy would be monitored through the routine reporting of delivery of the business plan.

**ACTION: JR**

### **Clinical Excellence Awards (item 5.5)**

21. Sarah Acton presented the paper that set out options for NICE's offer of a local Clinical Excellence Awards (CEA) scheme. Ben Bennett referred to the recent decision that the SMT, rather than the Remuneration Committee, would decide the budget for the CEA scheme and confirmed this would be reflected in the updated Clinical Excellence Awards Policy.
22. SMT discussed the report and agreed NICE should continue to offer a local CEA scheme. In line with paragraph 6 of the policy, it was agreed that up to 2 awards will be available in 2017-18.
23. SMT agreed NICE should honour local awards held by Consultants joining NICE from another organisation, on a pro-rata basis to reflect their contracted hours with NICE. This position should be reflected in the CEA policy. In addition, the policy should clarify the membership of the Employer Based Clinical Excellence Awards Committee as:
  - NICE's Responsible Officer
  - Two employer representatives (Chief Executive and Business Planning and Resources Director)
  - Two medically qualified Non-Executive Directors
  - One further Non-Executive Director.

**ACTION: SA**

### **Strategy (item 6)**

24. Andrew Dillon stated that given the progress with the strategic savings programme it is now appropriate to extend the scope of the SMT strategy meetings to look at wider strategic issues. Suggestions for suitable agenda topics should be provided to David Coombs, as they arise.

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

25. SMT agreed the staff updates.

**ACTION: DC**

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

26. Ben Bennett noted that at the request of the affected staff, the consultation period for the current management of change exercise in the Business Planning and Resources Directorate has been brought forward. Unison were consulted on the revised timescale.