

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 11 April 2017

#### Present

Andrew Dillon	Chief Executive
Mark Baker	Director – Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
Carole Longson	Director – Centre for Health Technology Evaluation
Alexia Tonnel	Director – Evidence Resources

#### In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Paul Chrisp	Programme Director – Health and Social Care – Deputy Health and Social Care Director
John Davidson	Associate Director – Media Relations

#### Apologies (item 1)

1. Apologies were received from Jane Gizbert and Gill Leng who were represented by John Davidson and Paul Chrisp 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.

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

3. The minutes of the meeting held on 4 April 2017 were approved subject to amendments to paragraphs 8 and 15.

#### Matters arising (item 4)

4. The meeting reviewed the actions from the meeting held on 4 April 2017.
5. It was agreed that the science policy papers on methods for handling uncertainty to support patient access to promising new technologies, and value assessment, should be discussed at the Board Strategy meetings in June and August respectively, with suitable introductory presentations.

#### ACTION: CL

6. SMT noted the upcoming SMT away-day on 23 May and agreed to include discussions on digital partnership priorities, and the technology appraisal programme. Andrew Dillon stated that he would consider further the agenda for the away-day.

#### ACTION: AD

7. All other actions were complete or in hand.

#### **NICE support for a digitally enhanced IAPT assessment briefing (item 5.1)**

8. Paul Chrissp presented the proposed eligibility and prioritisation criteria for selecting digital IAPT technologies for assessment by NICE. He noted that NHS England have provided email confirmation that the funding to NICE for 2017-18 has been cleared; the Memorandum of Understanding (MoU) for the programme is expected shortly.
9. SMT discussed the proposed process and queried the support that will be available to the products that are not assessed as eligible for the assessment, or are assessed as eligible, but are assessed as a lower priority than other products. Paul Chrissp noted that grant funding from NHS England may be available for such products. Andrew Dillon asked that the support for these products is clarified and more clearly articulated.

**ACTION: PC / GL**

10. SMT reviewed the proposed eligibility criteria outlined in table 1 of the paper. It was agreed that point 5, regarding accountability, should be revised to refer to an organisation committing to retain ownership and responsibility to maintain and update the technology. Mark Baker referred to point 6, regarding the evidence base, and proposed this should refer to a consistent and credible evidence base, rather than referring solely to randomised control trials.
11. Amendments were also suggested to the proposed prioritisation criteria in table 2 of the paper. Carole Longson recommended amending point 1 to refer to coverage of the target population. This would provide scope to prioritise a product that extensively covers a small target population. It was also agreed to amend point 4, regarding resource impact, to refer to improved efficiency, which there is scope to gather evidence to validate.
12. Alexia Tonnel stated that it may be helpful to clarify in the paper that NHS Digital, rather than NICE, will assess the technical reliability of a product.
13. Andrew Dillon asked Paul Chrissp to discuss the proposed amendments with Gill Leng, and bring the revisions back to SMT if necessary.

**ACTION: PC / GL**

#### **Senior Management Team (SMT), Guidance Executive (GE) and Publications Executive (PE) terms of reference and standing orders (item 5.2)**

14. SMT reviewed the proposed updated terms of reference and standing orders, following the three yearly review.
15. It was agreed there should be at least one registered medical practitioner present for a Guidance Executive or Publications Executive meeting to be quorate. This would include a deputy attending a meeting on behalf of a member. It was agreed that the membership for the Publications Executive should be revised to refer to the scope to invite representatives from the relevant guidance producing centre/directorate when the meeting is discussing products relating to their guidance. Paragraphs 2 and 6 of the Guidance Executive terms of reference should also be updated to reflect the recent changes to the technology appraisal and highly specialised technologies programmes in relation to the scope to vary the funding direction.

16. It was agreed that all three documents should be simplified to remove matters that are already covered by obligations on NICE staff arising from contracts and policies – including for example, confidentiality and conduct.
17. SMT agreed that subject to the above amendments, the revised standing orders and terms of reference should be brought to the Board for approval.

**ACTION: DC / AD**

#### **Risk management (items 5.3 and 5.4)**

18. Andrew Dillon presented the revised risk management policy which had been amended in response to feedback from SMT and Rima Makarem, chair of the Audit and Risk Committee.
19. SMT discussed the proposed amendments to the policy and the risk management process moving forward. SMT agreed to simplify the proposed format for the risk register in appendix B of the document. It was agreed that each centre/directorate would be responsible for maintaining a risk register using this format. The SMT, Audit and Risk Committee and the Board would then monitor a consolidated schedule of the moderate (amber) and high (red) risks. The low (green) rated risks will be monitored at centre/directorate level and available to the Audit and Risk Committee and Board on request. The Corporate Office will support and coordinate this process.
20. Andrew Dillon confirmed the importance of not using the risk register to document issues that should be addressed through routine management. Also, risks should be assessed on the impact of the organisation, rather than individual teams. He stated that he would review the risk appetite statement in the policy, in particular the statement in paragraph 12.
21. SMT agreed that the policy, amended to reflect the SMT discussion, would be brought to the Board Strategy meeting on 26 April 2017.

**ACTION: DC / AD**

22. It was agreed that David Coombs would circulate the amended risk register template to SMT, in order that directors could produce the directorate/centre risk registers premised on the impact of the risks on the wider organisation. The consolidated schedule of medium and high risks will then be brought to SMT prior to the Board in May.

**ACTION: DC / SMT**

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

23. None.

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

24. SMT agreed the staff updates.

**ACTION: DC**

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

25. None.

FINAL