

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 10 January 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 Gizbert	Director – Communications
Carole Longson	Director – Centre for Health Technology Evaluation
Alexia Tonnel	Director – Evidence Resources

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Stephen Brookfield	Acting Associate Director – Resource Impact – Health and Social Care (item 5.5)
Paul Chrisp	Programme Director – Health and Social Care (item 5.5)

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.

Note of the previous meeting (item 3)

3. The minutes of the meeting held on 3 January 2017 were approved.

Matters arising (item 4)

4. The meeting reviewed the actions from the meeting held on 3 January 2017 and noted that all actions were complete or in hand.
5. Ben Bennett confirmed that staff will be informed of the night-time closure of the NICE offices, once the necessary arrangements are confirmed with the Manchester landlord.
6. Ben Bennett highlighted SMT's previous decision to defer recruitment to positions that could provide an opportunity for staff potentially at risk from the management of change (MoC) exercises in the Centre for Guidelines, and Communications and Health and Social Care directorates. Following SMT's agreement of the outcome of the MoC consultations at last week's meeting it is now possible to identify the staff at risk of redundancy. Given this, SMT agreed that the managed recruitment process was no longer required and positions could be advertised as they arise, subject to the necessary approvals.
7. Ben Bennett agreed to explore the scope for bringing forward the implementation of the e-appraisals module in the Learning Management System so that it is in place for the 2017-18 appraisal cycle. Andrew Dillon suggested that the module is

piloted in part of the organisation if it is not ready for full implementation across NICE.

ACTION: BB

2017-18 business objectives (item 5.1)

8. SMT reviewed the updated draft 2017-18 objectives prior to consideration by the Board.
9. Mark Baker proposed that the harmonisation of the methods and processes across the guidelines programmes should be removed as a specific objective, as this has now largely been completed and is part of routine business for the Centre for Guidelines. Gill Leng proposed that additional actions are added to the relevant objectives regarding NICE's proposed contribution to a digital IAPT programme, and the field team's work with local health and care systems.
10. Subject to the above amendments, SMT agreed the objectives for submission to the January Board meeting.

ACTION: GL / AD

Risk report (item 5.2)

11. Ben Bennett presented the high level and strategic risks prior to presentation to the Audit and Risk Committee.
12. Following a suggestion from Jane Gizbert, it was agreed that the strategic risks should be mapped to the strategic objectives to demonstrate the alignment between the risks and the business plan.

ACTION: DC / AD

13. SMT then reviewed the high level risk register, taking account of the findings from the recent risk management internal audit report, which was presented as a later agenda item. Ben Bennett highlighted the comments from Julian Lewis, Governance Manager, on the existing entries in the risk register.
14. SMT agreed there is scope to improve both the risk management process and the risk register. In particular, SMT confirmed that the directors should lead the process to identify and manage risks, supported by feedback from their management teams. This should ensure greater consistency in the entries in the risk register and a focus on the most significant risks facing NICE. It was agreed that the format of the risk register should be amended for 2017-18. Rather than identifying the risks to each business objective, the SMT will identify the highest risks facing NICE, which will then be mapped to the business objectives. This will facilitate focus on the most significant risks, by streamlining the content in the risk register. It will also be helpful to clarify the arrangements for escalating risk as part of these updates to the risk management process.
15. SMT discussed the wider risk management and assurance process at NICE, noting that the risk register is only one aspect of how risks are managed. SMT and Guidance Executive agenda items routinely deal with the management of risk and uncertainty, for example. Also, the risk register as currently configured, does not capture the robust assurance arrangements in place to mitigate the risk of NICE publishing guidance of poor quality, or guidance which is vulnerable to challenge. It

was noted that this wider range of assurance will be captured in the action to address recommendation 2 in the internal audit report.

16. It was agreed that Ben Bennett would discuss the proposed revised approach to risk management with the new Audit and Risk Committee chair prior to implementation for 2017-18. In the interim, Andrew Dillon stated that he would update the existing high level risk register for presentation to the January Audit and Risk Committee.

ACTION: BB / AD

17. It was clarified that the risk section in the Directors' reports to the Board should be used to reference any changes in the directorate/centre's high level risks since the last Board meeting.

Risk management and assurance framework internal audit (item 5.4)

18. SMT reviewed the action to be taken in response to the internal audit report. It was noted that the risk management policy and process will be amended in light of the above discussions, to capture the wider approach to assurance management beyond the risk register, and also the arrangements to escalate risk.
19. SMT discussed the recommendation regarding training. It was agreed that once the risk management process has been updated following the above actions and discussions with the Audit and Risk Committee chair, SMT will consider how to ensure those leading risk management (directors and their senior teams) are briefed and familiar with the risk management approach.
20. SMT noted and accepted the audit's findings on the variation and inconsistency in the risk register entries. It was agreed that this will be addressed as part of the above actions, and the greater ownership of the risk management process and risk register by SMT. As part of the proposed new process in 2017-18, it was agreed that SMT will review the risk register more frequently than currently, e.g. monthly.
21. Andrew Dillon stated that he would revise the management response to the audit report to reflect the SMT discussion.

ACTION: AD

Risk appetite (item 5.3)

22. Andrew Dillon presented the updated risk appetite statement for SMT's review prior to consideration by the Audit and Risk Committee.
23. SMT supported the amended statement.

Costing methodology and TA-HST consultation (item 5.5)

24. Gill Leng presented the paper on the issues for the resource impact team following the NICE / NHS England consultation on proposed changes to the technology appraisal (TA) and highly specialised technologies (HST) programmes.
25. Stephen Brookfield outlined the proposals within the paper, including the intention to develop a separate resource impact process manual for undertaking the proposed resource impact assessment within the TA and HST programmes. He highlighted the proposal to increase the level of significance from £1m to £5m at a

national level for the production of a resource impact report and template. This takes account of feedback from Clinical Commissioning Groups and releases resources within the team to support the cost impact assessment at the ACD stage within the TA programme.

26. SMT approved the proposals within the report.
27. Ben Bennett noted the implications of a technology exceeding the budget impact threshold under the proposed amendments to the TA and HST process. He asked whether there will be a provision for this analysis to be challenged. Carole Longson stated that it is envisaged the manufacturer will be asked to provide a budget impact submission which NICE will then stress test. There will likely be an opportunity for the manufacturer to comment on grounds of factual accuracy. Carole stated that NICE will need to take legal advice on whether a decision to extend the funding direction, and the underpinning budget impact assessment, is subject to NICE's appeals process.

Proposal to re-procure a clinical knowledge summaries (CKS) service (item 5.6)

28. Alexia Tonnel presented the proposal to re-procure a CKS service, when the current contract expires in April 2018. The proposal is for a 2 year contract from April 2018 to March 2020, with the option to extend for a further 2 years. In line with an earlier SMT discussion in the context of the savings programme, the scope to transfer the CKS service in-house to integrate with the Centre for Guidelines has been explored. However, it is not felt this would represent value for money compared to the current contract.
29. SMT approved the reprocurement of a CKS service when the current contract expires, as outlined in the paper. Alexia stated that she would liaise with the procurement team on the tender process required in light of the relationship with the current supplier.

ACTION: AT

CHTE 2020 procurement options (item 5.7)

30. Carole Longson outlined the options to secure the required capacity for the CHTe 2020 programme, following the recent unsuccessful attempt to procure management consultancy to lead the change programme.
31. Carole highlighted that due to the extent of the government permissions required, and the possibility of a further failed tender, the best case scenario for consultants starting work is June 2017. Given the need to commence work on the change programme before this date, and the risk of an unsuccessful retender, the proposal is to establish a transformation team of temporary staff and secondees to lead the project, with a small amount of specialist consultancy input.
32. Andrew Dillon stated that he would discuss with Carole Longson the next steps to secure appropriate expertise within the available resources.

ACTION: AD / CL

NICE and the life sciences industry (item 5.8)

33. Andrew Dillon presented the proposed paper for the January Board meeting that sets out NICE's relationship with the life sciences industry. It takes account of

feedback from a selection of non-executive members of the Board, and has been shared with the Department of Health.

34. SMT agreed the report for submission to the January Board meeting subject to the addition of reference to NICE's work to support the adoption of new technologies.

ACTION: AD / GL

35. Andrew Dillon asked Jane Gizbert to consider how the paper, subject to any feedback from the Board, could be publicised with stakeholders.

ACTION: JG

Strategy (item 6)

36. No items discussed.

Weekly staff SMT Updates (item 7)

37. SMT agreed the staff updates.

ACTION: DC

Any other business (item 8)

38. Gill Leng briefly updated SMT on NICE's potential activities in relation to a digitally enhanced IAPT programme and shared decision making, in light of the funding available from NHS England.
39. Gill advised SMT of an opportunity for NICE to host a summer placement for an undergraduate from Harvard University's global health and health policy programme. The placement will be fully funded, and the university will oversee logistics such as the student's work permit. Ben Bennett queried whether similar opportunities at NICE are available for undergraduates from British universities. Andrew Dillon stated that NICE would be willing to consider similar requests from a British university and therefore he felt it was appropriate to pursue this opportunity with Harvard. He asked directors to provide details of any potential suitable projects for this placement to Gill.

ACTION: SMT

40. Carole Longson highlighted that Mirella Marlow has been appointed as her deputy.