

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 31 January 2017

Present

Andrew Dillon	Chief Executive
Gill Leng	Director – Health and Social Care
Mark Baker	Director – Centre for Guidelines (part of meeting)
Ben Bennett	Director – Business Planning and Resources
Alexia Tonnel	Director – Evidence Resources

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Moya Alcock	Associate Director – Corporate Communications (Deputy Communications Director)
Janette Boynton	Associate Director – Guidance Information Services – Evidence Resources (item 5.2)
Paul Chrisp	Programme Director – Health and Social Care (item 5.4)
Vince Doyle	Associate Director – Design and Development – Evidence Resources (items 5.1-2)
Ian Harkiss	Business Analyst – Evidence Resources (item 5.2)
Mirella Marlow	Programme Director – Centre for Health Technology Evaluation (Deputy CHTE Director)
Andy Mitchell	Associate Director – Information Architecture and Search – Evidence Resources (item 5.1)

Apologies (item 1)

1. Apologies were received from Jane Gizbert and Carole Longson who were represented by Moya Alcock and Mirella Marlow 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.

Note of the previous meeting (item 3)

3. The minutes of the meeting held on 24 January 2017 were approved, subject to an amendment to paragraph 16.

Matters arising (item 4)

4. The meeting reviewed the actions from the meeting held on 24 January 2017 and noted that all actions were complete or in hand.
5. Following the discussion at last week's meeting it was identified that a memorandum of understanding (MoU) with the London School of Hygiene and Tropical Medicine was signed in 2006, for a three year period. This had since lapsed. Andrew Dillon proposed the MoU is placed on a 'static' list, with the option to update at a later date if appropriate.

Digital services activity (item 5.1)

6. Alexia Tonnel presented the update from the digital services team, and highlighted progress with the digital projects portfolio at the end of the third quarter 2016-17. In response to feedback from SMT, the report has been simplified and includes the outcome of the review into the shortfall in previously reported 'productive' days. Alexia outlined the project work planned for quarter 4, and highlighted the growing pipeline of identified projects for 2017-18.
7. SMT noted the position with the 2016-17 portfolio and discussed the approach for prioritising digital services' resources for 2017-18. It was noted that projects can be broadly categorised into whether they are internally or externally focused. Those with an external focus include projects to improve the uptake or use of NICE guidance, and projects commissioned by external partners. SMT agreed the digital projects portfolio should include an appropriate balance of these categories.
8. SMT noted the benefits of NICE delivering digital products on behalf of partners in the wider health and care system, but noted the resource implications of doing so. It was agreed that the ongoing resources required to maintain such digital products must be clearly outlined to the commissioning partner at the outset. Also, NICE should only undertake externally commissioned projects where these are directly relevant to NICE's core functions, and the project is a priority for NICE and the commissioning partner.
9. It was agreed that a paper should be brought to SMT outlining the proposed priorities for the digital projects portfolio in 2017-18. Also, in future, SMT should be asked to approve any externally commissioned digital product before development commences.

ACTION: AT

Diagnostic service delivery guideline (item 5.5)

10. Mark Baker presented the short paper that outlined the decision to decommission the diagnostic service delivery guideline due to the lack of suitable underpinning evidence. Mark noted that arrangements will be made with NHS England to formally un-refer the topic from NICE. NHS England will examine alternative approaches to developing guidance to inform commissioning of diagnostic services. NICE will continue to be involved in these discussions on an advisory basis.
11. SMT noted the report and confirmed the decommissioning of the topic. Andrew Dillon asked that SMT is updated on the outcome of NICE's involvement in NHS England's discussion of the next steps on this matter.

ACTION: MB

Document supply tool demonstration (item 5.2)

12. Ian Harkiss and Janette Boynton provided a demonstration of the new document supply tool. Currently the guidance information services (GIS) team handle 15,000 requests for articles from analysts in the guidance teams each year. This new tool will deliver efficiencies in this process, also helping ensure compliance with copyright restrictions.

13. SMT noted and welcomed the new tool. Following a query from Ben Bennett, Janette Boynton confirmed that the GIS team will continue to place orders for the requested articles. The tool does not therefore affect existing cost controls.

Mark Baker left the meeting

Draft business plan 2017-18 (item 5.3)

14. SMT reviewed the draft business plan, prior to presentation to the February Board Strategy meeting. SMT agreed a number of amendments, including to add NICE's implementation of the quality standard for healthy workplaces: improving employee mental and physical health and wellbeing for its workforce, to the balanced scorecard.
15. SMT members were asked to provide further amendments to David Coombs by Friday, in order that an updated draft could be submitted to the February Board Strategy meeting.

ACTION: SMT / DC

Asthma diagnosis and monitoring guideline: implementation feasibility project (item 5.4)

16. Paul Chrisp presented the report on the completion of the project to undertake feasibility field testing of the diagnostic tests within the proposed asthma diagnosis and monitoring guideline. The sites within the project reported that the NICE diagnostic algorithms can be implemented in practice, and 5 of the 7 practices would continue to use the algorithms if the guideline is published in its current form. The project did note however that cost of the devices and consumables could be a barrier to implementation.
17. Paul confirmed that the findings have been presented to the Centre for Guidelines. He understands the intention is to reconvene the guideline development committee before Easter to consider any changes to the evidence base and the revised health economics model, alongside the findings of the fieldwork.
18. SMT reviewed the report and discussed the next steps. SMT agreed that given the time that has elapsed since the consultation on the draft guideline further targeted consultation may be appropriate. SMT agreed to defer a decision on the next steps until next week's meeting, in order to take advice from Mark Baker on the guideline committee's proposed action, including further consultation, and the relationship between the guideline and the diagnostics guidance on FeNO testing.

ACTION: MB

Risk appetite (item 5.6)

19. Andrew Dillon presented the risk appetite statement which had been amended in response to the discussion at last week's Audit and Risk Committee. The main changes are to define low, moderate and high risk.
20. Gill Leng suggested revisions to clarify the definitions when these are read alongside the risk categories. Andrew Dillon asked Gill to amend the text accordingly, prior to the Board's review of the statement at the February Board Strategy meeting.

ACTION: GL

21. SMT discussed the proposed wider changes to the risk management process, which potentially include a focus on a smaller number of risks, and amendments to the format of the risk register. Andrew Dillon suggested that as part of the SMT away-day in May it would be appropriate to identify the key risks for NICE.

Strategy (item 6)

22. SMT noted the agenda items for next week's SMT strategy meeting.
23. SMT briefly discussed the latest position with the Government's strategy for life sciences as part of the wider industrial strategy.

Weekly staff SMT updates (item 7)

24. SMT agreed the staff updates.

ACTION: DC

Any other business (item 8)

25. Andrew Dillon briefed SMT on the capacity challenges within the technology appraisal (TA) programme. He has discussed with Carole Longson and Meindert Boysen options for addressing this issue. The aim is to brief the Board on potential changes to the TA process at the February Board Strategy meeting, with a view to seeking approval for these at the March Board meeting.
26. Andrew also fed back from a sustainability and transformation plan (STP) development event he had attended earlier that day.