

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 26 September 2017

Present

Andrew Dillon	Chief Executive (part of meeting)
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)
Sarah Acton	Senior HR Business Partner – Business Planning and Resources (items 6.1 and 6.2)
Moya Alcock	Associate Director and Deputy Director – Communications
Chris Carson	Programme Director and Deputy Director – Centre for Guidelines
Ruth du Plessis	Registrar in Public Health – Health and Social Care (items 6.1 and 6.2)
Kelly Parry	Governance Manager: information – Business Planning and Resources (item 6.3)

Apologies (item 1)

1. Apologies were received from Mark Baker and Jane Gizbert who were represented by Chris Carson and Moya Alcock respectively. Andrew Dillon arrived partway through item 6.2, with Gill Leng chairing the meeting until this point.

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 19 September 2017 were approved.

Matters arising (item 4)

4. All actions from the meeting held on 19 September were noted as complete or in hand.

Board meetings (item 5)

5. SMT reviewed the actions from the September public Board meeting, noting these were in hand.

Workplace health and wellbeing survey (item 6.1)

6. Ben Bennett presented the proposed workplace health and wellbeing strategy and action plan for 2017-18, which has been developed through the health and wellbeing strategy group. Ruth du Plessis noted that the strategy supports NICE

further improve its performance against the healthy workplaces quality standard, and outlined the proposed actions for 2017-18.

7. SMT approved the strategy subject to adding a definition of health and wellbeing to the introduction, and the action plan should include support to help line managers meet their responsibilities in relation to employee health and wellbeing.

ACTION: BB

8. It was noted that the health and wellbeing strategy group will oversee delivery of the strategy, with timescales and indicators in place for the action plan.
9. Alexia Tonnel highlighted that relationships with colleagues can be a cause of workplace stress, and suggested this is included in the strategy. SMT noted planned work to develop model behaviours, and practical support such as resilience training, which would help address this issue and agreed this could potentially form part of the 2018-19 action plan.

Health and wellbeing survey (item 6.2)

10. Sarah Acton presented the proposed questions for the health and wellbeing survey that will be issued to staff in the autumn. The intention is for the results to be analysed alongside other data sources, such as sickness absence and the staff survey results, to provide a deeper understanding of current staff wellbeing. NICE's audience insight team will undertake the survey to save the costs of commissioning and external provider.
11. SMT revisited the decision earlier in 2017 to remove health and wellbeing questions from the annual staff survey, noting the rationale had been to reduce the length of the staff survey. However, asking these questions as part of the staff survey could provide greater insight into health and wellbeing, by enabling cross reference to a wider range of questions on working at NICE. Also, it would provide greater reassurances to staff around the anonymity of data, given the annual staff survey is undertaken by an external provider.
12. On reflection therefore, it was agreed not to undertake the proposed standalone survey on health and wellbeing in the autumn. Instead, health and wellbeing should be incorporated in the annual staff survey for 2018 onwards. SMT agreed these questions should collect feedback on issues NICE could reasonably address as part of the health and wellbeing strategy. As an interim measure, there should be a mechanism for staff to anonymously suggest actions to improve employee health and wellbeing.

ACTION: SA / BB

13. SMT thanked Ruth du Plessis for her contribution to NICE during her placement, and wished her well for her next role.

Information governance annual report (item 6.3)

14. Kelly Parry presented the annual information governance report, which subject to any amendments requested by SMT, will be submitted to the Audit and Risk Committee in October.

15. Andrew Dillon asked about the approach to the 'RAG' rating against the Security and Policy Framework (SPF) and the '10 steps to cyber security framework', noting that it would be helpful to clarify the basis for determining the ratings.
16. Gill Leng referred to training and stated that performance against requirement 2.2 in the SPF should be rated amber given the approach agreed at the start of the year was not achieved. The actions to promote and monitor completion of the proposed training module should also be referenced.
17. Alexia Tonnel asked that the report, in particular the benchmarking against the 10 steps for cyber security, takes account of services overseen by Digital Services.
18. Subject to the amendments to reflect the above points, SMT agreed the report for the Audit and Risk Committee.

ACTION: KP / BB

19. Chris Carson asked how the guideline developers can access the Hospital Episode Statistics (HES) data that may be required for several upcoming guidelines. Gill Leng stated that NICE is unable to provide this data to third parties under the terms of the current data sharing agreement with NHS Digital. Kelly Parry confirmed she could provide advice to the external guideline developers on the process for applying to access this data directly from NHS Digital, if helpful.
20. SMT noted the work underway to strengthen the management of data on stakeholders to comply with the incoming General Data Protection Regulation (GDPR), which requires a more centralised approach. Gill Leng referred to the risk noted in the report of insufficient resources to prepare for the introduction of the GDPR in May 2018. Ben Bennett highlighted the proposal to engage additional capacity utilising underspend in the Centre for Health Technology Evaluation.

Introducing a digital services maintenance schedule (item 6.4)

21. Alexia Tonnel briefed SMT on the implementation of a regular out of hours window for planned maintenance of digital services applications and software. Alexia highlighted the risk of brief interruptions to service availability during these updates.

Strategy (item 7)

22. Andrew Dillon presented a draft agenda for the annual Board strategy away-day in October. SMT supported the proposed format, and the suggested allocation of facilitation roles amongst Board members. Andrew stated that he would refine the agenda further and discuss this with David Haslam.

ACTION: AD

23. Gill Leng offered to circulate the summary of the Board's discussion of strategic risks in August to inform the introductory presentations at the away-day.

ACTION: GL

Weekly staff SMT updates (item 8)

24. SMT agreed the staff updates.

ACTION: DC

Any other business (item 9)

25. Chris Carson stated that following its launch in July, the BNF app is now used more than NICE's own BNF app. It is therefore proposed to cease updating NICE's app, giving appropriate notice to users. SMT supported the proposal and agreed that users should be informed that after October the NICE BNF will no longer be updated and users should switch to the BNF app.

ACTION: CC / AT

26. Carole Longson highlighted the House of Commons Health Select Committee's forthcoming inquiry into medicines regulation post Brexit, to which NICE will submit evidence.

DRAFT