

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 13 January 2015

#### Present

Andrew Dillon	Chief Executive
Gillian Leng	Director – Centre for Health and Social Care
Carole Longson	Director – Centre for Health Technology Evaluation
Alexia Tonnel	Director – Evidence Resources
Jane Gizbert	Director - Communications
Ben Bennett	Director – Business Planning and Resources
Mark Baker	Director – Centre for Clinical Practice

#### In attendance

Alana Christopher	Associate Director – Corporate Office
Sarah Garner	Associate Director – R&D (item 5.1 only)
Linda Guttenberg	HR Consultant (item 5.2-5.3 only)
Janet Robertson	Associate Director – CHTE (item 5.5 only)

#### Apologies

1. None received.

#### Freedom of Information and Publication Scheme

2. Final documents will be made available on the NICE website in accordance with the Publication Scheme, subject to the redaction of exempt material.

#### Note of the previous meeting

3. The minutes of the 6 January were approved as an accurate record.

#### Matters arising

4. All actions are in hand.

#### Proposal to increase the visibility of NICE's non-guidance outputs by publishing them on PubMed Bookshelf

5. Sarah Garner presented a proposal to increase the visibility of certain NICE non-guidance documents by publishing them on the PubMed Bookshelf website. Documents to be published will include research reports, briefing papers and technical support documents as well as NICE methods and process documents.
6. Sarah explained that publishing in the academic literature is very resource-intensive. As a result, despite the innovative nature of our technical work, NICE currently does not systematically publish non-guidance documents it produces in-house, or commissions. Although these outputs are uploaded onto the NICE website, they often remain hidden to the wider international audience as they are not accessible via standard literature searching on sites like PubMed.
7. NCBI will cover all costs associated with publication, including digitalisation, and maintenance of the PubMed Bookshelf website. The activity of managing these

activities will not require additional resources and can be managed as routine work in the R&D team.

8. SMT approved the proposal but requested that the agreement with PubMed should include a provision that the information NICE provides is not exclusive to them and that NICE can receive the information in digitised format.

**ACTION: SG**

#### **Health and Social Care Directorate**

9. Gillian Leng presented the paper and outlined the rationale for the changes, highlighting the need to create a balanced senior team within the directorate, bringing together the public health and social care guideline development team and addressing the future considerations identified in the Centre for Public Health review.
10. SMT reviewed the proposal to develop four new programmes of work and the functions of these programmes. SMT made the following comments:
  - To reconsider the title of the implementation, adoption and impact programme.
  - To rename the clinical leadership and engagement programme the 'leadership and engagement programme'
  - The Public Involvement Programme would be better aligned in the leadership and engagement programme and will reduce the number of direct reports to the director.
11. SMT discussed whether there should be separate guidance development management teams for public health and social care and agreed that there should be two teams.
12. SMT acknowledged the impact of this change management on staff and the potential for 20 redundancies. Gill explained that because of the number of staff potentially at risk of redundancy, NICE has a legal obligation to collectively consult with UNISON on the proposals. Linda Guttenberg advised that collective consultation will apply to all change management activities in the organisation, once there are potential redundancies of 20 staff or more and consultation falls within the same timeframe. It was agreed that the implication of this, for current and upcoming change management exercises, will need to be considered.

**ACTION: BB**

13. Gill also explained that it is expected that the changes will generate recurring savings of £540K on pay costs and an additional recurrent saving of £560K on non-pay costs by bringing in the public health evidence process in-house. Ben Bennett requested final calculations of the proposed savings, as a result of staffing requirements for bringing the public health evidence in-house.

**ACTION: GL/LG**

14. It was noted that approval is being sought from the DH Governance and Assurance Committee (GAC) for the potential redundancies payments. SMT agreed the proposal for Targeted Voluntary Redundancy (TVR) scheme.

15. SMT also approved the change management proposal.

#### **TVR Scheme for Health and Social Care**

16. SMT considered and approved the proposal, as part of the discussion on the Health and Social Care directorate changes.

#### **Transfer of recruitment service to NHS BSA**

17. SMT considered the consultation comments which broadly supported the proposal. SMT therefore approved the transfer of recruitment services to the NHS Business Services Authority (NHSBSA).
18. It was noted that guidance documents will be produced for recruiting managers. It was agreed that guidelines should be produced for the recruitment and appointment process.

**ACTION:  
BB/LHJ**

#### **Pharmaceutical Price Regulation Scheme 2014**

19. SMT considered the paper and whether the 'PPRS Payment Mechanism' of the Pharmaceutical Price Regulation Scheme (PPRS) 2014 is relevant for decision making in technology appraisals and how the PPRS 2014 can be incorporated into NICE methods for technology appraisal.
20. The paper set out the arguments considered in a recent appeal hearing for the effect of the PPRS rebate on NHS expenditure to be taken into account in assessing the cost effectiveness of new medicines.
21. After discussion, the SMT agreed that there is no requirement and no mechanism for this to happen and agreed that appropriate advice should be given to the Appraisal Committees.
22. SMT requested some presentational changes to the paper, which should be brought back to SMT next week for approval.

**ACTION CL**

#### **Criteria for disqualification when appointing members to advisory committees**

23. SMT considered the disqualification criteria and the application of the Rehabilitation of Offenders Act 1974. SMT agreed that the criteria may not automatically disqualify a candidate but should nevertheless be taken into account and discretion and judgement should be applied to determine the suitability of the candidate for the role.
24. SMT agreed to retain the criteria in the policy. Applications that indicate any of these criteria should be referred to the SMT for consideration.

### **Genomics England Invitation**

25. SMT agreed to decline the invitation.

### **Triennial review**

26. Alana Christopher provided a brief update.

### **Weekly staff SMT updates**

27. SMT agreed the staff updates.

**ACTION: AC**

### **Any other business**

28. Gillian Leng informed SMT that Dr Danny Keenan had been appointed as chair of the Indicator Advisory Committee.

29. Ben Bennett reminded SMT of 'Healthy Work Week' scheduled for next week.

30. Alexia Tonnel updated SMT on progress with the health apps workstream of the National Information Board.

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