**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 11 February 2020

## Present

Andrew Dillon Chief Executive

Paul Chrisp Director – Centre for Guidelines

Jane Gizbert Director – Communications

Gill Leng Director – Health and Social Care

Alexia Tonnel Director – Evidence Resources

Catherine Wilkinson Acting Business Planning and Resources Director

## In attendance

David Coombs Associate Director – Corporate Office (minutes)

Nick Crabb Programme Director – Science Advice and Research

Rosie Lovett Senior Scientific Adviser – Science Policy and Research (item 6.5)

Grace Marguerie Associate Director – HR (item 6.3)

Mirella Marlow Programme Director and Deputy Centre for Health Technology Evaluation Director

Mark Minchin Associate Director – Quality and Leadership – Health and Social Care (item 6.1)

## Apologies (item 1)

1. Apologies were received from Meindert Boysen who was represented by Mirella Marlow.

## Freedom of Information and publication scheme (item 2)

1. The final minutes will be made available on the NICE website subject to the redaction of any exempt material.

## Declarations of interest (item 3)

1. The previously declared interests were noted. There were no conflicts of interest relevant to the meeting.

## Notes of the previous meeting (item 4)

1. The minutes of the meeting held on 4 February 2020 were agreed as a correct record.

## Matters arising (item 5)

1. The actions from the meeting held on 4 February 2020 were noted as complete or in hand.
2. Alexia Tonnel noted that the purchase of laptops was discussed at the recent quarterly assurance meeting with colleagues from NHSX and the Government Digital Service. Feedback at the meeting indicated NICE’s proposed approach and budget for each laptop was appropriate. Testing of 5 different laptop models is underway.

## National Library of Indicators - NHS Digital and NICE Partnership Working (item 6.1)

1. Mark Minchin presented the proposal for NICE to work in partnership with NHS Digital to deliver and maintain the national library of quality assured indicators. He explained that NHS Digital will provide funding for 3 years under a partnership agreement for NICE to maintain a subset of 96 indicators that are already in the library and assure a small number of new indicators referred from the Department of Health and Social Care (DHSC) or one of its Arm's Length Bodies (ALBs).
2. SMT approved the proposal and the transition of work and associated funding from NHS Digital. The need to consider the arrangements for either continuing or ending this work at the end of the 3 year agreement was highlighted.
3. Alexia Tonnel noted the required input from Digital Services which had been discussed with the Digital Services team and factored into the required resourcing. Alexia asked directors to ensure Digital Services are informed at an early stage of potential new calls on the Digital Services team and highlighted that expanding existing live services can impact on the level of resources available for transformational work.

## NHS Long term plan (item 6.2)

1. Gill Leng presented the update on NICE’s work to support delivery of the NHS Long Term Plan.
2. SMT discussed the challenges in assessing diagnostic technologies relating to antimicrobial resistance (AMR), in particular that a standard cost utility analysis may not capture the full benefits of a technology given that the tests are often more expensive than antibiotics. Mirella Marlow stated this will be explored further as part of the second phase of the CHTE methods review.
3. SMT noted the update and welcomed NICE’s ongoing contribution to delivering the Long Term Plan. It was agreed that it would be helpful for SMT to continue to receive quarterly updates but to refocus these on the activities that have a clear deadline.

ACTION: GL

## Gender pay reporting (item 6.3)

1. Grace Marguerie presented the gender pay reporting for 2018/19 and noted that since last year there has been an increase in the mean gender pay gap and reduction in the median gender pay gap. Grace stated that the HR team have reviewed this data and she is assured there are no trends or issues of concern; given NICE’s size, the percentages can shift with relatively small staffing changes. Grace noted that a group has been set up to share best practice across the health ALBs and highlighted that NICE already has a relatively high proportion of staff with a flexible working agreement.
2. SMT reviewed the data and agreed this should be included in the finance and workforce report to the March Board meeting. The mandated disclosures, due by 31 March, should be timed to coincide with the publication of the Board papers.

ACTION: GM/CW

## Policy on declaring and managing interests for advisory committees (item 6.4)

1. David Coombs presented the proposed amendment to the policy on declaring and managing interests for advisory committees to include the existing requirement for SMT to approve guideline committee chair appointments. He stated that it is also proposed to extend this requirement to standing committee chairs.
2. SMT agreed the amendment, subject to clarifying this also includes the requirement for SMT to approve the reappointment of standing committee chairs.

ACTION: DC

## Citizen’s Council (item 6.5)

1. Rosie Lovett and Nick Crabb presented the paper that asked SMT to consider the future arrangements for the Citizens Council, which last met in November 2015. Internal discussions have identified a range of views on whether the Council could have a future role providing a societal perspective on challenging issues. If SMT decide the Council should continue, the paper proposes convening it on a topic by topic basis.
2. SMT discussed the paper and the proposals for a future model for the Citizens Council. It was noted that in coming years NICE will face challenges from its transformation programme, new methods, new technologies and a changing healthcare landscape. There was broad agreement among SMT members that these issues may raise some questions on which it would be helpful to gain a societal perspective including for example, the extent NICE should take account of environment sustainability when evaluating technologies and interventions, and the implications of artificial intelligence and genomics. It was noted however that it would be important to ensure that any topic referred to the Citizens Council is within NICE’s remit to address and takes account of the context for developing NICE’s methods and processes and the input from key partners to these.
3. Following discussion, it was agreed that the Science Policy and Research team should seek feedback from the guidance producing directors on potential questions a revamped Citizens Council could consider, and as part of this work develop the criteria for SMT to evaluate these potential questions to ensure that any questions referred to the Council are within NICE’s gift to action. In parallel the guidance producing directors should consider how they would operationalise any outputs from a Citizens Council, including for example, whether this would require amendments to the methods and process manuals. It was agreed this work should come back to SMT for review and inform consideration of the next steps, including whether to relaunch the Citizens Council and in what format. A range of views were expressed on any future format, including for example maintaining a standing panel and adopting different methods for seeking feedback depending on the nature and complexity of the question. It was agreed that it would be important to ensure a clear rationale for the size of any future Citizens Council and the extent this provides a representative sample of the population.

ACTION: RL/NC/MB/PC/GL

1. In the interim it was agreed that Andrew Dillon should write to the Council’s most recent members to explain it has been stood down in its current format and to thank them for their contribution.

ACTION: NC/AD

## European cooperation in health technology assessment following the UK’s exit from the EU (item 6.6)

1. Nick Crabb presented the proposal to appoint the EUnetHTA Senior Scientific Adviser to a new permanent role focused on delivering NICE's EUnetHTA Joint Action 3 commitments to the end of May 2021, and broader collaboration with European health technology assessment (HTA) agencies in the context of the ongoing relationship between the UK and EU. Nick stated there are no new financial commitments from the proposals given the postholder is in effect a permanent member of staff given their time in the role.
2. SMT supported the proposal subject to clarifying that the role should also support collaboration with HTA agencies outside of Europe.
3. Andrew Dillon noted the need for the post to liaise with NICE International’s activities and any other international work within CHTE. He stated that in the long-term there could be scope to bring these together in an international office for NICE.

## Coronavirus (item 6.6)

1. Jane Gizbert highlighted that NICE has been asked by the DHSC to provide an update on its preparedness for a Coronavirus pandemic. As part of this work, NICE’s pandemic contingency plan has been updated and is presented for SMT’s review.
2. SMT reviewed the updated contingency plan and endorsed this subject to updating the list of directors in paragraph 7 and the details of the occupational health provider in paragraph 22.

ACTION: JG

1. SMT discussed NICE’s preparedness and the questions posed by the DHSC. It was agreed to increase communications to staff on Coronavirus, including utilising the posters produced by DHSC and putting weekly updates in ‘Your Week @ NICE’ with links to the latest advice on the NHS website. Managers should also be reminded of the importance of accurately recording sickness absence on ESR to enable real-time monitoring of any increased absence. SMT supported the request to release the clinical fellow and press office capacity to help with the national preparations. It was agreed it would be helpful to make hand sanitiser available in the offices.

ACTION: JG/CW

1. SMT agreed there are no legislative barriers to NICE’s preparedness and considered the implications should sickness absence reach 20%. It was agreed that in such circumstances SMT would consider the appropriate mitigations in the context of the affected roles. In addition to the IT department, the key impact would be on guidance production. Mitigating options could include reallocating staff where possible, or in extremis, staff could complete guidance in progress if the advisory committees were unable to meet. High levels of sickness absence outside of NICE could affect third parties’ ability to submit the data required for guidance production.
2. Nick Crabb highlighted that he and a colleague are hosting a delegation from the University of Tokyo next week and one of the visitors will be flying directly from Beijing. SMT noted that the Government has not placed restrictions on arrivals from Beijing and therefore the meeting could proceed unless the Government’s position changes.

## EU exit (item 7)

1. Nick Crabb stated that he is awaiting confirmation that the EUnetHTA meetings do not sit within the restrictions on UK attendance at European meetings.

## NICE Connect (item 8)

1. Gill Leng noted the work continues and there is a steering group meeting later this week.

## London office move (item 9)

1. Catherine Wilkinson highlighted that NICE is required to adhere to the Government’s smarter working agenda which includes a 6:10 desk allocation. She asked SMT to ensure staff are adhering to these working practices in both offices, including clearing desks at the end of each day and when in meetings for large parts of the day. Staff must also feel welcome to work throughout the office depending on where space is available. Andrew Dillon stated that he would include this issue in his next all staff meeting, and directors agreed to also raise this with their teams.

ACTION: AD/SMT

1. Catherine stated that the managers of the facilities teams at NICE and the CQC have developed proposals for how the two teams would work together to deliver a facilities and events function in the new office. She will be meeting with the two managers to discuss these further.

## Chair and Chief Executive appointments (item 10)

1. Andrew Dillon stated that both appointments are moving forward and he hoped NICE may be able to announce a new Chief Executive relatively soon. The DHSC would be responsible for announcing the new Chair.

## Weekly staff SMT updates (item 11)

1. SMT agreed the staff updates.

ACTION: DC

## Other business (item 12)

1. Alexia Tonnel highlighted that in order to manage business critical issues she has engaged consultancy expertise. While the acting associate director for finance has confirmed there is budget for this using the underspend in the Evidence Resources directorate, there is a need to obtain SMT’s approval as the work was not included in the directorate’s business plan. Alexia highlighted that information on the latest work was circulated to SMT by email prior to this meeting.
2. Catherine Wilkinson stated that the consultancy spend to date and the further planned work in 2019/20 and 2020/21 will be brought to SMT later this month as part of the finance report. At that point, SMT may wish to seek the Board’s approval given the level of spend.
3. In the interim, SMT agreed that the works should proceed given the level of urgency, pending the further detail in the upcoming finance report.

ACTION: AT/CW

1. It was agreed that Capgemini should brief the NICE Connect steering group on their upcoming work to advise NICE on a digital workplace.

ACTION: AT