**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 17 March 2020

## Present

Andrew Dillon Chief Executive

Meindert Boysen Director – Centre for Health Technology Evaluation

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

Moya Alcock Associate Director – Corporate Communications

David Coombs Associate Director – Corporate Office (minutes)

Nick Crabb Programme Director – Science Advice and Research

Grace Marguerie Associate Director – HR

Michelle Rowlands Estates and Facilities Manager

## Apologies (item 1)

1. None.

## 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 10 March 2020 were agreed as a correct record.

## Matters arising (item 5)

1. The actions from the meeting held on 10 March 2020 were noted as complete or in hand.
2. SMT discussed the arrangements for the Board meetings on 25 March. The intention earlier in the week had been to bring as many of the Board and SMT members together in the London office as possible and stream the meeting via Zoom to the public. However, considering the latest Government advice and that the British Council have since indicated they will be closing the London office, SMT agreed this approach was no longer feasible or appropriate. Instead the meetings would be run fully through Zoom web conferencing, with Board and SMT members joining from their home or work. It was agreed that given this would be the first time using this technology and the limited time for planning in the context of other operational challenges it would not be possible to offer the public the opportunity to watch the proceedings. This facility would though be explored for the May Board meeting. The unique circumstances that have required the Board to meet in private would be noted at the start of the meeting.

ACTION: DC

## Coronavirus (item 6)

Request to develop clinical guidance on managing active Covid-19 cases

1. Paul Chrisp presented the paper that set out the request from NHS England/Improvement (NHSE/I) for NICE to develop clinical guidance on managing active cases of Covid-19 by the end of the week. There are three initial topics, and it is likely more will be required over coming weeks. Each topic is being produced by a small team of analysts from the medicines and prescribing and surveillance teams, each with a NICE clinical adviser, supported by a central project management team and publishing. Paul noted that the work will reduce the number of planned outputs of existing activities elsewhere in the Centre for Guidelines in 2020/21.
2. SMT endorsed this work and NICE’s role in supporting the NHS’ response to Covid-19. It was agreed that the products should be badged as ‘rapid guidance’ or similar to make clear they had not been developed using the standard NICE methods and processes. It was agreed that it would also be helpful to issue proactive communications to highlight the guidance is forthcoming, and once published it should be prominent on the NICE website.

ACTION: PC/JG

1. SMT discussed the sign-off process and agreed that the Guidance Executive (GE) should meet at noon on 20 March via Zoom to approve these first pieces of guidance.

ACTION: PC/GE Admin

## Covid-19 action plan

1. SMT then reviewed the proposed arrangements for NICE’s operation over the upcoming months.
2. SMT agreed with immediate effect to prioritise and only publish work on topics that are therapeutically critical and/or address Covid-19 diagnostic or therapeutic interventions. This is to avoid distracting the NHS at a time when it is facing unprecedented pressure and to release frontline staff who might otherwise be engaged in the advisory committees.
3. In addition, and only to the extent that staff and other resources are available, it was agreed to:

* Complete but not publish other TA, HST, IPAC, Medtech and Diagnostic topics that are post final consultation
* Complete but not publish other guidance, standards and advice that can be undertaken without advisory committee involvement or engagement with front line health and care services staff
* Initiate or continue with – but not publish – other work, as and when staffing and other resources allow.

1. It was agreed that Paul Chrisp and Meindert Boysen should review their work programmes in line with the above criteria and the GE meeting on Friday would review the current and planned work that falls into these categories.

ACTION: GL/MB/PC

1. It was agreed that the NICE website should explain this approach and the rationale.

ACTION: JG

1. SMT confirmed that any published TA or HST guidance would be subject to the usual appeal process. Any appeals proceeding to a hearing would be held in accordance with the written appeal process, or through Zoom if an oral hearing was required.
2. SMT reviewed and supported the proposals set out in the action plan regarding meetings and travel. It was agreed there should be a weekly webinar from the Chief Executive to staff, preferably with the option for staff to submit questions in real-time.

ACTION: JG

1. SMT agreed that in line with the Government advice, staff should work from home with effect from 18 March and the offices would completely close by 5pm on 20 March, apart from emergency access for IT staff. It was noted that the deployment of laptops and RSA tokens was progressing well – further tokens may be required for staff and contractors recently identified as requiring them. It was agreed that the enquiry handling line would switch to voicemail and the team would pick up messages and respond to calls as appropriate. This would help mitigate the impact of staff having to deal with challenging calls while working from home and without the close support of colleagues. It was agreed that options for staffing the press line should be explored, which may include either commissioning a ‘hunt group’ service or providing multiple contact points for the media.

ACTION: JG

1. With the move to home working, it was agreed that SMT would hold daily meetings at 11am by Zoom, in addition to the usual formal weekly SMT meetings at 10am on Tuesdays (also via Zoom).

ACTION: DC

1. SMT discussed the resilience of the IT, finance, HR support functions.
2. IT: it was agreed that Alexia Tonnel would liaise with Barney Wilkinson and Alison Liddell to ensure a coordinated approach to supporting home working; Barney would also be invited to the daily operational response meetings to provide an IT input. In addition, Alexia would review options for enhancing the resilience of the IT support function, in particular in relation to the IT network infrastructure.

ACTION: AT

1. Finance: Catherine Wilkinson highlighted the contingency arrangements for the payroll function. If required, the previous month’s payroll would be repeated. This creates a risk of some overpayments, which would be addressed afterwards. Bank transfers would be required for new starters. There is a potential risk around the accounts payable function – in particular that managers would not be available to approve invoices. It was agreed that managers should indicate in their diaries if they are not available due to sickness so that the invoice can be escalated as appropriate for approval. The other key risk is the production of the annual report and accounts. It was agreed to seek support from the members of the resource impact team who have previously worked in the finance team. In addition, it was agreed to raise in the upcoming return to the DHSC whether the timeline for the annual report and accounts will be revised.

ACTION: CW

1. HR: It was agreed that directors should update HR of any over-capacity in their centre/directorate, so staff could be redeployed as appropriate. In addition, HR would continue to coordinate secondment requests from other NHS organisations. It was agreed that as a general principle, recruitment and induction of new starters could continue and directors should liaise with HR as appropriate with any queries.

ACTION: SMT

1. SMT discussed staff welfare and communications. It was confirmed that directors and their deputies would be available to deal with staff concerns, by email or over the phone. Directors would consider requests to carry over annual leave into 2020/21, where staff have been unable to take leave as they had planned because of additional Covid-19 related work. In some business critical roles, directors may wish to offer the opportunity to pay staff for the annual leave they had been unable to take. It was agreed to waive the requirement for a GP note if a staff member wished to reclaim their annual leave as a result of sickness during planned leave. Directors, or deputies would respond sympathetically to any Covid-19 related special leave requests. It was agreed that staff should indicate when they are symptomatic and unwell – and would therefore be on sick leave. It was agreed that the NICE space page on Covid-19 should be amended, so the latest information is most prominent.

ACTION: MA

## Weekly staff SMT updates (item 7)

1. SMT agreed the staff updates.

ACTION: DC

## Other business (item 8)

1. None.