**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 30 April 2019

**Present**

Andrew Dillon Chief Executive

Ben Bennett Director – Business Planning and Resources

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

**In attendance**

David Coombs Associate Director – Corporate Office (minutes)

Nick Crabb Programme Director – Science Advice and Research

Danielle Foley Senior External Communications Manager (item 6.4)

Colm Leonard Consultant Clinical Adviser – Centre for Health Technology Evaluation (item 6.5)

Grace Marguerie Associate Director – HR (items 6.1 and 6.2)

Danielle Mason Interim Associate Director – External Relations (item 6.4)

Elaine Repton Corporate Governance and Risk Manager (item 6.3)

## 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 23 April 2019 were approved subject to the correction of a minor typographical error.

## Matters arising (item 5)

1. The actions from the meeting held on 23 April 2019 were noted as complete or in hand.

## Freedom to speak up guardians (item 6.1)

1. Grace Marguerie presented the proposed process for appointing two freedom to speak up guardians at NICE, and the proposed role description that is based on the template provided by the National Guardian’s Office.
2. SMT discussed the role at NICE and agreed the guardians would help staff speak up about matters staff feel have not been properly dealt with through NICE’s policies or procedures or discussions with their line manager. SMT discussed the person specification and agreed this should be simplified to focus on 3-4 key personal qualities such as the individual being confident, approachable and sensitive. It was agreed that it would be helpful to clarify that it is not envisaged the role will require a significant time commitment.
3. It was agreed that Grace Marguerie would write a short note summarising the role description and person specification as amended by this SMT discussion, which Andrew Dillon would approve on behalf of SMT. This would then be sent to the directors’ first line reports, giving a two week window for expressions of interest. Andrew Dillon, Gill Leng and Ben Bennett will then review the applications and appoint the two guardians. Internal communications and the all staff meeting would publicise the newly appointed roles, taking account of feedback from the appointed guardians on the proposed communications materials.

ACTION: GM/JG

1. It was agreed to review the experience of the role after six months.

ACTION: GM

## NICE values (item 6.2)

1. Grace Marguerie presented the proposal to engage with staff to develop a set of values, which once agreed, would be embedded into line management and recruitment practices.
2. SMT discussed the proposal and agreed that the values would help staff understand what is required of them in working relationships, inform line manager conversations about behaviour, and support recruitment by providing a framework of cultural expectations. These behaviours would be distinct from, but sit alongside, the principles for how NICE corporately undertakes it work.
3. SMT considered the proposed staff engagement and agreed staff should be asked to identify how individuals should behave to ensure NICE is a great place to work and a great organisation to work with. It was agreed that the specific proposals for undertaking this engagement and the process for collating the feedback should come to SMT for approval. Andrew Dillon noted the need for a brief articulation of the values, but cautioned against restricting this to four values or seeking to shoe horn these into the acronym ‘NICE’.

ACTION: GM

## Policy on declaring and managing interests (item 6.3)

1. David Coombs presented the proposed amendments to the policy following its first year of operation. The amendments take account of feedback from guidance teams and the conflicts of interest reference panel, and generally seek to reinforce the risk based approach to the handling interests.
2. SMT discussed the proposed amendments about private practice, in particular the circumstances in which clinicians’ private practice could present the greatest scope for a conflict of interest. Following discussion, it was agreed that full participation may be appropriate if the private practice mirrors an individual’s NHS practice, and is remunerated on a sessional basis. Whereas there is greater scope for a perceived conflict of interest when non-NHS income is directly contingent on the volume of a specific procedure. It was agreed that while the amendments to the policy reflect the position agreed by the conflicts of interest reference panel, this part of the policy should be highlighted for the Board’s discussion when it reviews the amended policy.

ACTION: DC/GL

1. SMT discussed the interests to be declared by witnesses and other contributors who are not committee members. It was agreed that in line with NICE’s response to a research piece in the British Medical Journal (BMJ), where an individual is attending in a personal capacity their declaration would usually be limited to their own personal affairs, even though they may have been suggested by an organisation. Andrew Dillon asked for clarification on any other actions NICE stated it would make in the response to the BMJ piece.

ACTION: DC

1. SMT agreed to amend the proposed new statement in paragraph 51 to state that NICE may from time to time periodically review publicly available sources of information such as the ABPI register. It was also agreed not to include the proposed footnote on page 4 given NHS England send a representative to the technology appraisal committees.
2. Subject to these amendments, the policy was agreed for submission to the Board in June, with a view to seeking formal approval at the July public Board meeting.

ACTION: DC/GL

## NICE conference (item 6.4)

1. Danielle Mason and Danielle Foley provided a verbal update on the planning for the NICE annual conference on 9 May. Delegate bookings are higher than last year, with a greater proportion coming from the public sector. They updated SMT on the logistics for the conference and preceding events, and confirmed that learning from last year’s event regarding staffing, catering, and AV services have been addressed with the hotel and conference organiser.

## International collaborative on pull incentives for new antimicrobials (item 6.5)

1. Nick Crabb presented the high level summary of an emerging proposal for NICE and the MIT new drug development paradigms (NEWDIGS) in the USA to host a collaborative to facilitate the international development and implementation of pull incentives for new antimicrobials, taking on board lessons from work in UK, Norway and Sweden. Nick asked for SMT’s support to explore funding options for the project, which would be separate to the previously discussed work with NHS England (NHSE) that is focused on England.
2. SMT members acknowledged the importance of developing new antimicrobials but queried whether NICE should take a leading role in the proposed collaborative given its focus on financial reimbursement. As such, it was suggested that NHS England should more appropriately lead on the collaborative for England. SMT members questioned whether NICE should more appropriately focus management capacity on other research activities that more closely support the organisation’s objectives. In response, Nick Crabb highlighted the synergies with NICE’s current collaboration with NHSE and stated that the opportunity cost of exploring this new collaborative has to date been minimal.
3. SMT concluded that any potential collaborative must have support from NHSE and the Department for Health and Social Care given its focus on financial reimbursement mechanisms, with NICE only providing minimal input until resources have been provided for this work. Andrew Dillon stated that he and Nick Crabb would continue to discuss this area of potential work in their regular meetings.

ACTION: NC/AD

## EU exit (item 7)

1. There was no further update.

## NICE Connect project (item 8)

1. Gill Leng updated SMT on a recent meeting with other Arm’s Length Bodies (ALBs) on NICE Connect which discussed the need for NICE to prioritise the products for future updates. There were initially some concerns about this, however the attendees understood the need for such prioritisation and agreed NICE could deprioritise products which duplicate other organisations’ activities. Gill noted that she, Paul Chrisp and Meindert Boysen would continue to further discuss this issue in light of the ALBs’ feedback.

## Weekly staff SMT updates (item 9)

1. SMT agreed the staff updates.

ACTION: DC

## Any other business (item 10)

1. None.