**National Institute for Health and CARE excellence**

Senior Management Team

# Minutes of the meeting held on 11 June 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 (part of meeting)

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

Elaine Repton Corporate Governance and Risk Manager (item 6.2)

Catherine Wilkinson Deputy Director – Business Planning and Resources (item 6.1)

Sarah Winchester Public Health Specialty Registrar

## 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. Alexia Tonnel referred to the discussion at the meeting held on 4 June 2019 and clarified that the recommendations from the recent consultancy reports on data and content management are included in the ambitions paper discussed by SMT. Those areas agreed as a priority by SMT would then be included in the digital services roadmap as part of the NICE Connect next steps, which may require reallocation of resources from other activities. It was therefore agreed that paragraph 10 of the draft minutes should be amended to state that *‘…the activities in the roadmap will address the* ***prioritised*** *recommendations from the recent consultancy reports…’.* Subject to this amendment, the minutes were agreed.

## Matters arising (item 5)

1. The actions from the meeting held on 4 June 2019 were noted as complete or in hand.

## London office move (item 6.1)

1. Catherine Wilkinson presented the paper that updated SMT on progress with the move to a new office in Stratford shared with four other health Arm’s Length Bodies (ALBs).
2. SMT thanked Catherine and colleagues for the work undertaken to date to ensure NICE’s interests are reflected in the plans. SMT reviewed the proposed layout for the office, including the allocation of workstations and meeting rooms. Catherine confirmed that the meeting rooms will be available to all of the ALBs, and if usage is allocated according to the number of staff, there will be an increase in meeting room capacity from NICE’s current London office. SMT discussed the layout of the workstations, and commented on the impact on staff. Catherine highlighted the requirement to comply with government standards on the number and size of workstations, but noted there will be quiet areas for working and she has sought the least disruptive environment possible. SMT noted the constraints of the government standards, but asked further consideration is given to reducing the intensity of the workstations similar to the smaller banks of desks proposed for the north side of the floor. Andrew Dillon asked that he and Catherine also discuss potential options for configuring the two meeting rooms located next to NICE’s workstations.

ACTION: CW/AD

1. SMT discussed the practical implications of differing organisations sharing an open plan office. Catherine highlighted the intention to bring staff together from the ALBs to help facilitate collaborative working. SMT welcomed this and suggested the upcoming work to develop NICE values could incorporate the culture required to support the new ways of working in the shared office.

ACTION: BB/GM

1. SMT discussed the IT and telephony and supported the intention to retain thin clients and phone handsets for the NICE workstations. It was noted that the work areas in the shared areas will have docking stations and screens for laptops, in line with the working practices in the other ALBs. SMT noted that the telephony provision for the shared areas is currently under review and asked to be kept updated on the proposed solution.

ACTION: BB/CW

1. SMT discussed key staffing issues, notably the financial impact on staff of the move and the additional travel time for some staff. In terms of pay rates, Ben Bennett outlined the proposal to retain the inner London high cost area supplement (HCAS) for all existing and any future staff, as it is felt moving to the outer London HCAS could adversely affect recruitment and retention. Meindert Boysen asked whether an impact assessment has been undertaken to quantify the risks of moving to the outer London HCAS. SMT discussed the issue and noted that reducing the HCAS could adversely affect the attractiveness of NICE as an employer compared to the public sector bodies that remain in central London at a time when there are already challenges in recruiting and retaining some roles in London. SMT also noted that employees’ cost of living expenses will not materially decrease as a result of moving to Stratford, and the other ALBs in the new office were not intending to reduce the relevant aspect of their pay schemes as a result of the move. SMT therefore agreed to retain the inner London HCAS for all current and future staff.
2. SMT then discussed what financial support to offer to staff who will incur increased travel costs as a result of the office move. Catherine highlighted that the various ALBs are taking different approaches to the amount of support that will be provided, and outlined a proposal for NICE to offer an upfront payment to cover the increased costs over four years. This will in effect cover a shorter period given the payments will be subject to tax and national insurance deductions, and travel costs increase each year. It is proposed to develop a form for staff to identify any additional costs, for review by their line manager. SMT supported this proposal, subject to checking how it compares to the support provided to staff who transferred from the National Prescribing Centre in Liverpool to NICE’s Manchester office. It was agreed that the final arrangements should be brought back to SMT for information.

ACTION: BB/CW

1. In terms of the additional travel time facing some staff, SMT agreed NICE’s flexible working options provide opportunities to help mitigate the impact of the move. It was noted that staff have also had a significant time period to plan for the move. Catherine stated that she would ask the London office move working group to identify any particular issues in their teams in this regard.

ACTION: CW

1. SMT then went on to discuss the role of the working group and the communication with staff more widely. It was agreed that brief terms of reference for the group should be developed, setting out its informal advisory role that will facilitate a two way flow of information. It was noted that Moya Alcock is developing a communications plan for the move. Andrew Dillon asked this includes a page on NICE space, and he is given updates for his presentations to the all staff meetings at appropriate points.

ACTION: CW/MA

1. SMT noted the legal requirement to consult with staff on the move as it represents a contractual change. Andrew asked Grace Marguerie to alert SMT of any issues raised in the consultation, as appropriate.

ACTION: GM

1. SMT discussed the implications for NICE’s committee members. It was noted there may be a small increase in travel costs arising from the new office location, which would be reimbursed through the usual process. The payments to committee chairs and lay members for their participation will remain unchanged.

## NICE’s portfolio of work in public health (item 6.5)

1. Gill Leng presented the paper that set out a proposal for NICE to no longer routinely update a number of public health topics as they are covered by work within Public Health England (PHE). Subject to SMT’s agreement the paper will be discussed at the upcoming points of engagement meeting with PHE and the Department of Health and Social Care (DHSC).
2. SMT discussed the proposals and agreed it was sensible to avoid duplication between the two organisations. While NICE has a reputation for producing high quality evidence-based guidance, it would be logical for PHE to take the lead in this area given its remit as the national agency for public health. Furthermore, it was noted that the proposals would release resources within the Centre for Guidelines for other priorities.
3. SMT therefore supported the proposals and agreed a number of amendments and clarifications to the paper. It was agreed that it would be helpful to note the public health topics NICE would continue to keep under review, give an indication of the level of resources that will be released, and reiterate these will be reallocated to strategic transformation activities. It was agreed that if the proposals proceed, it would be important to communicate the changes to the users of the affected guidelines and consider whether to keep these guidelines available if they had not been updated for a period of time.

ACTION: GL/PC

1. SMT noted that, if agreed, the proposals would represent a significant change to one of NICE’s core programmes. It was therefore agreed that if DHSC and PHE support the proposals, these should be brought to the NICE Board for approval before implementation.

ACTION: GL/PC

*Paul Chrisp left the meeting*

## Counter fraud, bribery and corruption strategy, policy and response plan (item 6.2)

1. Elaine Repton presented the paper that briefed SMT on the new compliance requirements arising from the government functional standard on counter fraud, and sought SMT’s approval of the counter fraud, bribery and corruption strategy, policy and response plan that has been developed to meet these obligations.
2. SMT noted the new compliance obligations and supported the work underway to meet these in a manner proportionate to the risks at NICE. SMT approved the strategy, policy and response plan, subject to clarifying in the response plan who the Business, Planning and Resources Director will report frauds to, and adding a flow-chart to summarise the reporting process. The document will now be presented to the Audit and Risk Committee for endorsement on 19 June.

ACTION: ER/DC

## Routing of medicines to the highly specialised technologies (HST) programme (item 6.3)

1. SMT agreed that the paper would be deferred to a later SMT meeting to enable further discussion between Meindert Boysen and Andrew Dillon. Following SMT’s review of a revised paper, the proposals would be shared with NHS England and DHSC with a view to then presenting it to the Board in August.

ACTION: MB

## Impact report: social care (item 6.4)

1. Due to pressures on the agenda, it was agreed to defer this item to a future SMT meeting.

## What Works Centres (item 6.6)

1. Due to pressures on the agenda, it was agreed to defer this item to a future SMT meeting.

## EU exit (item 7)

1. Andrew Dillon highlighted that a ministerial meeting with the ALB Chief Executives had been convened to discuss EU exit, and Meindert Boysen would be attending on his behalf.

## NICE Connect project (item 8)

1. SMT briefly noted the plans to discuss NICE Connect at the Board meetings in September and October, with the aim of bringing the business case, project plan, and visual resource to the Board.

## Weekly staff SMT updates (item 9)

1. SMT agreed the staff updates.

ACTION: DC

## Any other business (item 10)

1. SMT briefly discussed the arrangements for the parliamentary reception on 12 June and noted that the interviews for the new NICE Chair are due to take place on 17 June. Meindert Boysen highlighted that the DHSC recently published its response to the consultation on the cost-effectiveness methodology for immunisation programmes and procurements, which may provide context for the upcoming review of the technology appraisals methods.