**National Institute for Health and Care Excellence**

Executive Team

# Minutes of the meeting held on 2 March 2021

## Present

Gill Leng Chief Executive (present for items 7, 8 & 9)

Meindert Boysen Director – Centre for Health Technology Evaluation (part chair)

Paul Chrisp Director – Centre for Guidelines

Jane Gizbert Director – Communications

Felix Greaves Director – Science, Evidence and Analytics

Judith Richardson Acting Director – Health and Social Care

Alexia Tonnel Director – Digital, Information and Technology

## In attendance

Hilary Baker Acting Programme Director – Transformation

Rebecca Threlfall Chief of Staff

David Coombs Associate Director – Corporate office (items 4 and 5)

Fiona Glen Programme Director – Centre for Guidelines (item 7)

Danielle Mason Associate Director – Brand and Marketing Communications (item 8)

Moya Alcock Acting Programme Director – Health and Social Care (item 10)

Elaine Repton Corporate governance and risk manager (minutes)

## Apologies (item 1)

1. Apologies for absence were received from Jennifer Howells who was represented by Hilary Baker.

## Declarations of interest (item 2)

1. The previously declared interests were noted.

## Notes of the previous meeting (item 3)

1. The minutes of the meeting held on 23 February 2021 were agreed as a correct record.

## Matters arising (item 4)

1. The actions from the meeting held on 23 February 2021 were noted as complete or in hand.
2. David Coombs advised that he would be circulating an updated business plan 2021/22 to ET following the comments at the board meeting and feedback from DHSC. Gill Leng will pick up discussions on timeframes for specific objectives with Directors in their next one to one meetings.

**ACTION: DC**

1. Hilary Baker referred to the three transformation projects that are either in progress or have been paused in the current year, which do not look to be aligned to an objective in the 2021/22 business plan and queried whether they should be continued. Hilary agreed to discuss mapping the work outside of the meeting with Alexia and ask Jennifer Howells to confirm with Gill Leng whether they are still to be included next year.

**ACTION: HB/AT**

## Board meetings (item 5)

1. ET reviewed the actions arising from the February board strategy meeting. David Coombs to make some minor amendments.

**ACTION: DC**

1. ET discussed the draft agenda for the March public board meeting. Paul Chrisp suggested adding the MAGICapp demo to the morning session if time permits. ET agreed this would be helpful to inform the Board’s consideration of procuring a structured guideline authoring tool in the formal meeting.
2. Meindert Boysen suggested a discussion on commercial managed access in the morning private session would be helpful following legal advice. The structured guideline authoring tool paper was included but required re-naming. ET confirmed that the item dealing with the structured guideline authoring tool should be considered in a closed session of the Board, taking into account commercial sensitivities. David Coombs agreed to make the amendments.

**ACTION: DC**

1. The agenda for the April board strategy meeting was briefly discussed. Alexia agreed to liaise with David regarding the digital workplace business case, which will require a decision to progress, but the April board was not a decision making meeting. Further papers to be presented in April were the B2B2C and TA methods and processes update.

**ACTION: DC/AT**

## Hot topics (item 6)

### NHS Data Strategy

1. ET noted that Felix Greaves had received an early copy of the new NHS data strategy which contained ambitious targets around interoperability, AI and digital health technology. It was agreed that the document be emailed to ET with a short cover note of the key issues.

**ACTION: FGr**

1. Meindert Boysen added that the CQC had also published a new strategy for public consultation and queried whether there should be a formal mechanism for ET to review strategic documents from key partners to provide a response. At present either the Comms Team or HSC will co-ordinate a response.
2. Hilary Baker noted that there will be a strategy function established within the FST directorate, who will be able to disseminate these type of documents, assess any impact for NICE and review them against the strategic plan.
3. ET agreed that this would be helpful, inviting Jennifer Howells to provide an update on the role and scope of this function. In the meantime, Rebecca Threlfall agreed to ask Gill Leng how she would prefer ET to manage strategic consultations, to avoid anything being missed on email.

**ACTION: JH/RT**

## Structured guidance authoring tools (item 7)

1. Fiona Glen presented a proposal to progress the assessment of two structured guidance authoring tools (SGATs) and to use the learning from the current integrated guidance work to conclude by Q3 2021, which SGAT to use to implement NICE's strategy for presenting and structuring content. From a shortlist of five tools, two had met most of the ‘must have’ criteria; those were GRADEpro GDT and MAGICApp. NICE is currently using MAGICApp on COVID-19 guidelines under a one-year licence.
2. ET agreed that the board was likely to challenge the Q3 timeframe and question the rationale of assessing two tools in parallel in view of the additional costs of trialling a second tool and the resourcing costs of two teams comparing and contrasting them. ET also queried the procurement route in terms of GDS requirements, the interoperability with NICE systems, GDPR compliance and the level of influence NICE would have regarding future development of the tools. Fiona was asked to cover all of these issues in the board paper to give a fuller picture of the considerations, including how the preferred two tools was reached from a shortlist of five.

**ACTION: FGl**

1. ET discussed the potential utility of the two systems and the associated risks. On balance it was agreed that the paper be amended to recommend to the board to continue to use MAGICapp on COVID-19 guidelines under the current one-year licence guidelines and use the tool on one guideline within the wider guideline portfolio, and not to procure GRADEpro GDT at this point but to continue to monitor its development. If time allows on the agenda, it was agreed to give the board a demonstration of a COVID-19 guideline in MAGICapp at the March meeting. Fiona was asked to liaise with David Coombs.

**ACTION: FGl/DC**

## NICE Charter annual update (item 8)

1. Dani Mason sought views on amendments to the NICE Charter which is updated annually in line with the board’s request. ET noted the suggested updates including ensuring the language was consistent with the strategic plan.
2. ET was reminded what the charter should include as a statutory minimum and agreed that it should be a factual snapshot of NICE’s current core role and not provide the reader with a forward look. On that basis, it was agreed that minimal changes be made this year. Dani was asked to re-order the document to have NICE’s core role in the body of the charter with a list of all the other activities in an annex. Requested amendments to the text were:

* replace NICE is ‘responsible for’ with NICE’s ‘role’ is to improve health and wellbeing (para 1)
* amend para 2 to include more about how NICE works with its partner organisations and move this section to later in the document
* reflect the 3 eco systems across which NICE’s work spans, as set out in the strategic plan (para 3)
* include links to the process and methods manuals for producing guidance (para 13) and remove the text on QALYs in para 14 & 15
* include reference to NICE’s role in research
* amend references to PHE which will not exist as a legal entity after 31 March 2021

1. It was agreed that the revised version be shared with Gill Leng and the chairman before the board papers are circulated.

**ACTION: DM**

## B2B2C (item 9)

1. ET considered the B2B2C business model which is increasingly adopted by companies to extend their reach to more consumers, and debated the relevance of it and opportunity for NICE given that the marketing concept has been raised at board meetings, but not yet fully explored.
2. ET discussed the use of intermediaries in NICE’s work and whether the consumer was clinicians and the life sciences sector, or patients. However, NICE’s role is seen as supporting the health and care system, not for supporting patients directly. Jane Gizbert commented that NICE currently engages in a B2B2C model through promotion of its guidance through the royal colleges and charities, who then communicate it out to clinicians and patients. It was agreed that it would be helpful to check the board’s understanding of this, and also the board’s view of NICE’s ‘value chain’.
3. ET also queried how this model will link to ‘self-care’ which will be really important in the future health strategy. Paul Chrisp added that the ‘omnichannel’ business model was important so that every customer has the same experience, which ever channel a business uses to engage with them.
4. It was agreed that a further slide presentation be produced to facilitate an open discussion at the April (or May) board meeting. The slides to include who are NICE’s core intermediaries, how they are linked to the 3 eco systems and how guidance reaches patients/the public.

**ACTION: JG/JR**

## NICE and NHSE/NHSI Partnership Agreement (item 10)

1. Moya Alcock presented a draft partnership agreement with NHS England and NHS Improvement (NHSE/NHSI) for review.
2. With reference to section 2.3 – the description of NICE’s core purpose, it was agreed that it would be useful to have an agreed wording for use across all corporate documents, following the earlier discussion on the NICE Charter. Jane Gizbert was asked to work with Dani Mason and to liaise with Moya to agree a standard wording for inclusion in the agreement.

**ACTION: JG/DM/MA**

1. It was also agreed to include a high level action plan as an annex to the agreement, outlining actions for the relationship management group, to include sustainability ambitions. ET queried whether the terms of reference or membership of the relationship management group needed amending. It was suggested that job titles only be included as some reps had moved on.

**ACTION: MA**

1. ET suggested further amendments which Moya agreed to incorporate and to send the next version to Gill Leng for approval, before returning it to NHSE/NHSI.

**ACTION: MA**

## London office move (item 11)

1. Alexia Tonnel advised that she was discussing with the London office programme board whether it would be possible for the NICE board to meet face to face in Redman Place for the April board meeting, despite there being no AV/VC kit installed.

## Gold group (item 12)

1. ET noted the decisions taken at the Gold group:

* Agreed the updated operating levels document subject to (a) adding text to page 1 to explain how NICE will move between the levels, (b) amending the descriptions of the operating levels, (c) amendments to table 1 regarding office attendance and committee meetings, and (d) removal of the prioritisation list.
* Signed-off the roadmap for reopening of the office, subject to (a) Government changes to exact timing, and (b) conclusions of the policy work regarding home working. Agree staff can be advised that office will be reopened from 5 April for staff who are finding it difficult to work from home, if Government lifts restrictions on 5 April as planned. Communication on wider reopening to be deferred until ET have considered the longer term policy on homeworking.
* Noted best practice statements for meetings and agreed that they don’t need to be signed-off by Gold group.

1. It was noted that the timelines for the HR team actions around home working may need to be extended.

## Strategy and business planning (item 13)

1. Nothing further to discuss.

**Review of the meeting (item 14)**

1. ET questioned whether the London office move was still required as a standing agenda item. Also, whether the strategy and business planning item could be removed once both documents had received final sign off.

**ACTION: ER**

## Other business

1. **3 steps to digital workplace** – Alexia Tonnel advised ET that she was circulating a document to ET and the Senior Leader’s Forum for comment. Step 1 will be a review of the vision.

**ACTION: AT**

1. **Disinvestment decisions** – ET queried whether there was an update or a plan for next steps. Rebecca Threlfall agreed to raise it with Gill Leng and Jennifer Howells.

**ACTION: RT**

1. **MedTech** – Meindert Boysen advised that he had met with the chairman and Lord Prior to discuss the issue of ‘contingent’ approval for medical technologies whilst a NICE review is still in progress. Meindert agreed to send correspondence to Felix Greaves and discuss outside of the meeting.

**ACTION: MB**