**National Institute for Health and Care Excellence**

Executive Team

# Minutes of the meeting held on 28 June 2022

## Present

Sam Roberts Chief Executive (chair)

Gail Allsopp Interim Chief Medical Officer

Mark Chapman Interim Director, Medical Technology and Digital Evaluation

Paul Chrisp Director, Centre for Guidelines

Nicole Gee Interim Chief People Officer

Jane Gizbert Director, Communications

Felix Greaves Director, Science, Evidence and Analytics

Jennifer Howells Director, Finance, Strategy and Transformation (for items 5 & 8 -12)

Helen Knight Acting Interim Director, Medicines Evaluation

Alexia Tonnel Director, Digital, Information and Technology

## In attendance

Hilary Baker Programme Director, Transformation

Boryana Stambolova Deputy Director Finance, Strategy and Commercial

Victoria Thomas Head of Public Involvement

Elaine Cartwright Associate Director, Resource Impact Assessment (item 5)

Kendall Jamieson Gilmore Associate Director, Strategy (item 5)

Vera Unwin Health Technology Assessment Analyst (observing)

## Apologies (item 1)

1. Apologies for absence were received from Judith Richardson who was represented by Victoria Thomas. Jennifer Howells attended part of the meeting and was represented by Boryana Stambolova who attended the whole meeting.

## Declarations of interest (item 2)

1. The previously declared interests were noted.

## Notes of the previous meeting (item 3.1)

1. The minutes of the meeting held on 14 June 2022 were agreed as a correct record, subject to the following amendment:

Minute 18 – the action is for Jenniffer Prescott not Hilary Baker.

## Matters arising (item 3.2)

1. The actions from the meeting held on 14 June 2022 were noted as complete or in progress. The following matters arising were discussed:
2. An updated strategic risk register will be presented to the board in September.
3. Felix Greaves and Helen Knight were asked to confirm the timeframe for modular updates being March and therefore a report will come to the board in January 2023.
4. The overview slides for the business plan priorities have been re-circulated by Jane Gizbert. ET was reminded that communications from the four programme boards was the responsibility of the respective SRO and ET lead, with support from the comms team.
5. ET acknowledged the great work on the RWE framework and the social media launch last week. It was requested that any future comms (eg on Linked-in) should focus on current and future work, rather than retrospective. Jane Gizbert agreed to review any planned comms.

**ACTION: JG**

1. With regard to BP objective 2 – proportionate approach to TAs, Boryana Stambolova reminded ET that no discounts or other arrangements should be entered into by the team before it has been evaluated by finance.  It is important that industry don’t expect the proportionate approach as likely to yield cost reductions for them but rather it is likely that with greater throughput and productivity, we will be able to recover our full costs.

 **Chief Medical Officer function (item 4)**

1. Gail Allsopp presented recommendations for the permanent CMO function for discussion and feedback from ET. Sam Roberts advised that the role will report directly to the CEO.
2. There was general agreement of the principles set out in the presentation, noting the request for a dedicated admin resource to support the CMO. ET discussed at length the need for a NICE cross-organisation horizon scanning and topic selection function which could sit within the CMO role. There was consensus that this was crucial to resolve sooner rather than later and that discussions should continue between Gail and ET members so that it forms an integral part of the future organisational design and cultural change work.
3. In summary ET agreed there were three key elements to the CMO function – the medical lead for NICE, the clinical risk management lead and horizon scanning and co-ordinating topic selection, with the latter taking precedence initially, but balancing out over time.
4. Gail agreed to work with Jon Waghorne on the next steps of sharing the presentation with the SLF and working on a governance framework and reporting lines, and an admin resource proposal, with a view to a further paper coming back to ET for final approval.

**ACTION: GA**

**Financial sustainability (item 5)**

1. ET discussed proposals to support phase 2 of the service line costing and benchmarking work required to fully understand indirect overhead costs and deliver a sustainable financial model for NICE.
2. There were concerns about the timing of the work coinciding with new hybrid contract consultations, culture change work and new operating models affecting some teams. In light of the need to make progress, it was agreed that an initial pilot take place with the centre for guidelines and Mark Chapman’s teams in CHTE, to agree an approach and methodology which will come back to ET for approval.

**ACTION: JH/BS/PC/MC**

**Closing the Publication Executive (item 6)**

1. Alexia Tonnel sought ET approval to the closure of the Publication Executive (PE) as it was no longer adding value due to the significant reduction in the range of products being presented. There will a requirement for resource impact statements still to be considered, and exceptionally medicine evidence summaries. They will be presented to Guidance Executive (GE) in future, whose terms of reference will be updated for review by ET in mid-July. Any other ad hoc documents that were previously considered at PE, should either be approved by the respective ET member, or presented to GE for discussion.

**ACTION: AT**

1. ET also considered the resource impact and budget implications of NICE recommendations on the NHS and agreed that this required further exploration and discussion. Boryana Stambolova agreed to undertake a piece of work and come back to ET with a paper.

**ACTION: BS**

## Hybrid working (item 7)

Nicole Gee advised that the formal consultation meetings were in progress and work was on going with the union. Affected staff have been advised that the timeline is indicative and assured that all feedback will be considered. Some managers are involved in difficult discussions, but the overall position appeared to be improving. ET noted some of the feedback from managers requesting clarity on the differences in contracts and on HMRC rules. Nicole requested that ET members continue to support their management teams and advise her of any issues.

Boryana Stambolova agreed to attend meetings as required to support with the HMRC travel expenses queries, and to contact HMRC if needed. Nicole Gee agreed to provide ET with details of other ALB hybrid working arrangements for comparison.

**ACTION: NG/BS**

**Evidence standards framework for digital health technology (item 8)**

1. Felix Greaves presented a progress report on the work to update NICE’s Evidence Standards Framework (ESF) for Digital Health Technologies (DHT) to include data-driven technologies that incorporate artificial intelligence. The standards framework will be published on the NICE website in late July 2022. The NICE project team will continue to explore how the ESF might be relevant to existing NICE processes and to highlight where it can be used as a useful reference tool.

**Board meetings (item 9)**

1. This item will be dealt with via email.

## Operational management committee (item 10)

ET noted the minutes and actions from the OMC meeting held on 13 June 2022.

**Review of the agenda (item11)**

No comments raised.

**Other business (item 12)**

**Gender neutral language** – Following the recent intervention by the SoS, it was agreed to await the Government’s decision on the use of gender neutral language before making changes to NICE content. In the meantime, Phil Hemmings has been asked to communicate with the NICE and Proud network to keep them updated.

**MHRA public consultation** – ET noted that the Government had published its response to the MHRA’s consultation on the future regulation of medical devices in the UK. Mark Chapman was asked to provide a summary paper for discussion at the informal ET next week.

**ACTION: MC**