

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 5 December 2017

Present

Andrew Dillon	Chief Executive
Gill Leng	Director – Health and Social Care
Mark Baker	Director – Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
Jane Gizbert	Director – Communications
Alexia Tonnel	Director – Evidence Resources

In attendance

Carla Deakin	Associate Director – Office for Market Access
Fiona Glen	Programme Director – Centre for Guidelines (item 5.1)
Danielle Mason	Senior Communications Manager (items 5.2 – 5.4)
Moirra Godbert-Laird	Associate Director – Intellectual Property & Content Business Management (item 5.3)
Grace Marguerie	Associate Director – Human Resources (items 5.5 & 5.6)
Elaine Repton	Governance Manager: risk assurance (minutes)

Apologies (item 1)

1. Apologies were received from Carole Longson.

Freedom of Information and publication scheme (item 2)

2. The final minutes will be made available on the NICE website subject to the redaction of any exempt material.

Notes of the previous meeting (item 3)

3. The minutes of the meeting held on 28 November 2017 were approved.

Matters arising (item 4)

4. The actions from the meeting were reviewed and updates given where work was progressing.
5. SMT agreed not to progress a bid to manage the national clinical audit programme.
6. Mark Baker confirmed that he had written to the chairs of the three former clinical guideline updates committees to thank them for their support.
7. Alexia Tonnel confirmed that she had spoken with finance colleagues to clarify the Digital Services year end forecast position, as reported to SMT.
8. Alexia reported the latest statistics comparing use of NICE's BNF app (16k users and 37k sessions) to BNF's own app (50k users and 200k sessions). SMT were assured that those still using the NICE app were prompted to install an update which automatically transferred them to the BNF app. Jane Gizbert confirmed that there had not been any adverse feedback from anyone following the switch.

Diabetes hackathon (item 5.1)

9. Fiona Glen presented a proposal for NICE to host a data hackathon in order to test whether real world data validates the expected beneficial effects of treating type 2 diabetes by lowering blood sugar levels. A hackathon consists of teams of scientists, computer programmers, data analysts, graphic and interface designers from the public and private sector, to creatively tackle data problems and prototype analytics products.
10. SMT members supported the proposal in principle subject to a number of issues being further investigated, notably access to meaningful data sources and any data privacy risks this may present, particularly if access to NHS Digital and CRPD was required. The potential costs to NICE as the host were considered including venue hire, advertising costs and prize money. It was suggested that a co-sponsor could be an option. Gill Leng agreed to approach McKinseys.
11. Fiona Glen was asked to confirm:
 - the proposed data sources, any barriers to accessing data and the security of personal data
 - a co-sponsor to contribute to the hosting costs
 - secure a location (Manchester Data Lab suggested)
 - prize money or incentives to take part.

ACTION: FG/GL

NICE events plan overview (item 5.2)

12. SMT reviewed the proposed programme of external events to be attended by NICE in 2018. Additional public health and social care events have been suggested to engage with large audience groups who were unlikely to attend the NICE annual conference.
13. Danielle Mason advised that the process of identifying NICE speakers for events was underway and where appropriate NICE would also have a stand staffed by the relevant experts from NICE. It was agreed that the assumption should be made that SMT members would be available to speak at events. It was also requested that the NHS Confederation event be added to the plan and that a NICE speaker and/or a stand be secured.
14. SMT discussed handing out printed copies of guidelines (or quick guides) at events, and what the DH's view was on this. Danielle Mason advised that previously this had been discouraged but recently NHSE and NHS Digital had significantly improved their visual materials.
15. SMT agreed it would be interesting to receive success measure statistics following events in terms of audience numbers reached, sign ups for newsletter etc.

ACTION: DM

Updates to speaking engagement policy (item 5.3)

16. SMT reviewed an updated speaking engagements policy which included knowledge transfer requests, and sought to clarify whether the principles for staff should also apply to the non-executive directors and committee members.

17. SMT raised a number of queries and inconsistencies to be addressed. It was agreed that the draft policy should be re-visited to take account of:
- References to England to be changed to the UK as charging organisations in Scotland, Wales and NI is not appropriate.
 - Remove OMA from this policy and develop a separate protocol specifically for requests for speaking engagements in the wider commercial sector which are not directly related to NICE's business objectives, and are therefore chargeable.
 - Requests concerning CHTE related topics should continue to fall within this policy and be dealt with within a CHTE 'co-ordination team'.
 - The general principles around personal payments to be strengthened to make it clear that NICE staff should never accept a personal payment. The issue of committee members and NEDs was also to be amended to provide clarity between private engagements and those accepted on behalf of NICE. However, it was noted that this would have to comply with the declarations of interest policy. Andrew Dillon agreed to speak with David Haslam about the position with the NEDs.
 - Any fees received on behalf of NICE should be credited to an appropriate budget code which reflects the income stream, and not credited to a staff fund.
 - The issue of cash payments to be dealt with within the policy. SMT discussed the circumstances in which cash payments might be offered and what arrangements should be put in place when this occurs. The next version of the policy should address this.
18. SMT asked for an amended version of the draft policy to be prepared.

ACTION: DM/MGL/AD

HTAi 2021 (item 5.4)

19. SMT considered whether NICE should submit an expression of interest to host the 2021 HTAi annual meeting, and propose Manchester as the venue location.
20. SMT supported the development of an expression of interest document with support from Marketing Manchester, and suggested that Nick Crabb consider whether a joint bid with the SMC could improve the chances of success on the basis of a collaborative UK submission.
21. It was agreed that a dedicated Project Manager would be required to co-ordinate the bid, following a similar model to that underway for the G-I-N conference. The deadline for expressions of interest was 16 February 2018. The proposal to off-set the costs of a PM by not delivering a NICE annual conference in 2021 was not supported by SMT.

ACTION: DM/NC

Mental health first aid training (item 5.5)

22. The proposal to introduce mental health first aid training at NICE was supported in principle by SMT, subject to careful consideration being given to the selection criteria for the 16 staff members to be trained. SMT also raised queries about

the time commitment expected of the first aiders, exactly what the role involved and whether it could place too much of a burden on people due to the sensitive nature of the support being offered.

23. SMT requested that communication of the initiative to staff needed to be clear about what is being offered and the circumstances in which it can be accessed.
24. It was agreed that Grace Marguerie liaise with Gill Leng regarding the volunteer selection criteria (to include one director level volunteer, if possible), the ongoing support and networking for the volunteers and an evaluation process 12 months post implementation.

ACTION: GM

Digital services – recruitment and retention (item 5.6)

25. Alexia Tonnel updated SMT on the use of the recruitment and retention premia for the developer roles within Digital Services, and sought SMT's support to continue the current arrangements and to formalise a long term approach to the R&R allocation in order to provide clarity, stability and equity to existing and future staff in these roles.
26. Grace Marguerie added that a working group of DH ALB reps is expected to be set up to look at recruitment into digital roles within NHS bodies, as it is envisaged that the market is going to become more challenging in the future.
27. SMT fully supported the proposed actions and confirmed that the scheme be reviewed again in December 2019, unless conditions within the wider employment market indicated that it should be sooner.

ACTION: AT/GM

Proposed changes in Intellectual Property and Content Business Management team (item 5.7)

28. Alexia Tonnel presented a summary of the comments received during the consultation on proposed changes within the Intellectual Property and Business Management team, and sought SMT's approval of an implementation plan.
29. SMT noted the report and approved the implementation plan.

ACTION: AT

Business planning (item 6)

30. Ben Bennett confirmed that the 2018/19 business plan templates had been circulated and responses were due from SMT members next week.

Weekly staff SMT updates (item 7)

31. SMT agreed the staff updates.

ACTION: ER

Other business (item 8)

32. Gill Leng advised SMT of items raised at the DH and ALBs meeting which included the timing of two NICE guideline publications – acute care/emergency and flu. It was suggested that NICE consider delaying both publications from January to March 2018. Mark Baker commented that the issue with flu was planning for next year's season.
33. It was agreed that SMT should reflect further on the timing of these two guidelines.

ACTION: GL/MB

The meeting closed at 1:15pm.

FINAL