**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 28 April 2020

## Present

Gill Leng Chief Executive

Meindert Boysen Director – Centre for Health Technology Evaluation (from item 7.1)

Paul Chrisp Director – Centre for Guidelines

Jane Gizbert Director – Communications

Judith Richardson Acting Director – Health and Social Care

Alexia Tonnel Director – Evidence Resources

Catherine Wilkinson Acting Director – Business Planning and Resources

## In attendance

Nick Crabb Programme Director – Science Advice and Research

Mirella Marlow Programme Director - Centre for Health Technology Evaluation (up to item 7.1)

Leighton Coombs Senior Programme Analyst – Adoption and Impact (item 7.1)

Joanne Holden Associate Director – MTEP (item 7.2)

Lee Dobson Programme Manager – MTEP (item 7.2)

Helen Knight Programme Director – Technology Appraisals (item 7.4)

Linda Landells Associate Director – Technology Appraisals (item 7.4)

Sebastian Maycock Project Manager – London Office Move (item 10)

Elaine Repton Corporate governance & risk manager (minutes)

## Apologies (item 1)

1. None.

## Declarations of interest (item 2)

1. The previously declared interests were noted. There were no conflicts of interest relevant to the meeting.

## Notes of the previous meeting (item 3)

1. The minutes of the meeting held on 21 April 2020 were agreed as a correct record.

## Matters arising (item 4)

1. The actions from the meeting held on 21 April 2020 were noted as complete or in hand.
2. Clinical excellence awards - Gill Leng agreed to speak with Tim Irish this week about nominating a non-medically trained NED for the employer based award committee.

**ACTION: GL**

## Coronavirus (item 5)

1. SMT confirmed the following decision taken at the gold group:
* agreement in principle to re-establish a post able to advise on equalities issues across guidance production, and coordinate delivery of equality objectives and production of equalities annual report. Proposals for post, including location within NICE, to come back to SMT.

## Actions from the April Board strategy meeting (6.1)

1. SMT noted the actions arising from the April board strategy meeting.
2. A minor amendment to action 3 was requested. It should read: impact of a significant reduction in TA income, for example £2m, beyond the already modelled reasonable worst-case scenario to be modelled, together with the options for addressing any such shortfall. (CW).
3. Gill Leng agreed to follow up the action previously assigned to Andrew Dillon to write to all the committee chairs with reference to the AAA guideline, but also to reinforce the importance to NICE of their role and their work. (GL).

## May public Board agenda (item 6.2)

1. SMT agreed the agenda for the public Board meeting on 20 May taking place via Zoom.

ACTION: ER/DC

## NICE Impact report: respiratory conditions (item 7.1)

1. Leighton Coombs presented the draft impact report: respiratory conditions which was planned to be submitted to the May public board meeting. SMT thanked the team for their work in producing an excellent report but agreed that now was not the time to go ahead with publication. It was agreed that the report should be re-balanced in light of NICE’s COVID-19 rapid guidance and the current pandemic context, and that publication be deferred for two months. Meindert Boysen asked whether the team could look at including treatment for cystic fibrosis in the report.

**ACTION: LC**

1. SMT discussed whether other impact reports should also be reviewed to contextualise the current environment, (eg end of life and children and young people’s health). Judith Richardson agreed to review the schedule of impact reports in the pipeline and those due to be published.

**ACTION: JR**

## EAC contracts – options for the continuation of services after March 2021 (item 7.2)

1. Joanne Holden and Lee Dobson outlined two options for the continuation of the EAC contracted services after March 2021. It was noted that the current five contracts expire on 30 June 2021. SMT suggested a possible third option of bringing some of the contracted work in-house.
2. SMT agreed that the contracts with all 5 EACs be extended until 31 March 2022 and asked the team to come back in due course with proposals for what the new contracts beyond the extension period will look like, whether other contracted services should be included in the tender process and whether any work might be brought in house.

ACTION:JH/MB

## SMT virtual retreat – options for discussion (item 7.3)

1. SMT reviewed a draft agenda for the virtual retreat planned for 11 & 12 May. SMT considered the suggested priority areas for discussion and agreed to explore their own thoughts on what the future strategy should be for NICE, with a view to SMT developing a plan for discussion initially with the chair and then the board.
2. Some amendments were suggested. Gill Leng agreed to update the draft agenda and bring it back to SMT next week.

ACTION: GL

## Next steps for technology appraisal of drugs for cystic fibrosis (item 8.4)

1. Helen Knight and Linda Landells updated SMT on the progress of the appraisal of the triple combination therapy for treating cystic fibrosis, and sought support for NICE to work with NHS England and NHS Improvement on exploring alternative approaches to accelerating access to the treatment for a shielded population at risk of severe illness from COVID-19. The report also gave an update on the interim arrangements to support patient access to a dual therapy for treating cystic fibrosis with the same company, which are planned to end in January 2021.
2. SMT understood that the marketing authorisation for the triple therapy could be granted sooner than originally expected because of the impact COVID-19 can have on people with cystic fibrosis. It noted that the company has not provided an evidence submission within NICE’s scheduled appraisal timeline which risks there being a significant gap between regulatory approval and patient access.
3. SMT expressed support for CHTE to further explore alternative approaches to accelerating access to triple therapy.
4. It was agreed that NICE’s communications team should liaise with the company’s communications team on a statement about the delay to the appraisal as a consequence of the company not providing an evidence submission at this stage.

**ACTION: HK/JG**

1. Meindert agreed to advise Liz Woodeson of SMT’s consideration and support for the proposals put forward by CHTE.

ACTION: MB

## EU exit (item 8)

1. There was nothing further to update on EU exit.

## NICE Connect (item 9)

1. SMT noted that Guy Butler had produced an update of the business plan deliverables for the May public board meeting which includes details of investment in IT/digital technologies as part of the project. Alexia Tonnel highlighted that the proposals need a caveat that they are subject to a business case approval of the funding and staff capacity.

## London office move (item 10)

1. Catherine Wilkinson and Sebastian Maycock presented SMT with contingency plan options for consideration as a result of the delay to the Stratford office move. Catherine was keen for some decisions to be made in principle due to the number of variables involved, the programme constraints and to avoid the risk of creating additional problems at the end of the Spring Gardens lease, when time would be limited to resolve them.
2. SMT considered three possible options and agreed it was important to give a clear message to London based staff as to whether they would be returning to the current office temporarily or not at all. It was agreed to defer the decision to the Gold group meeting on 1 May.

**ACTION: CW/SM**

1. SMT members who are involved in ALB senior lead meetings raised the issue of the other ALBs being keen to share COVID-19 next phase plans so that ALBs can be aligned where possible. Gill agreed to contact the ALBs CEO group to share NICE’s initial thoughts on the recovery phase.

ACTION: GL

## Other business (item 11)

1. There were no further items of business.

The meeting closed at 12:45.