**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 4 February 2020

## Present

Andrew Dillon Chief Executive

Meindert Boysen Director – Centre for Health Technology Evaluation

Paul Chrisp Director – Centre for Guidelines

Jane Gizbert Director – Communications

Gill Leng Director – Health and Social Care

Alexia Tonnel Director – Evidence Resources

Catherine Wilkinson Acting Business Planning and Resources Director

## In attendance

David Coombs Associate Director – Corporate Office (minutes)

Phil Hemmings Associate Director – Editorial and Publishing (item 7.1)

Jeanette Kusel Director – NICE Scientific Advice (item 7.5)

Deborah Lee Senior Project Manager – NICE Scientific Advice (item 7.5)

John Pegington Senior Management Accountant (item 7.2)

Nwamaka Umeweni Senior Market Access Adviser – OMA and AAC Secretariat (item 7.4)

## 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. The minutes of the meeting held on 28 January 2020 were agreed as a correct record.

## Matters arising (item 5)

1. The actions from the meeting held on 28 January 2020 were noted as complete or in hand.
2. Alexia Tonnel noted that laptop options for the different staff user groups are being tested, and proposals will be brought to SMT with a view to placing orders by mid February.
3. Paul Chrisp noted there is possibility of 1 London based member of staff supporting the Department of Health and Social Care (DHSC) with the response to Coronavirus, if required. The backfill implications are currently being explored.

## Board meetings (item 6)

1. SMT noted the actions from the Board meetings on 29 January 2020 and agreed the agenda items for the Board Strategy meeting on 26 February 2020. Andrew Dillon stated that he would include an update on the approach taken to purchasing laptops in his presentation to the February Board Strategy meeting and asked Alexia Tonnel to provide 1 or 2 PowerPoint slides.

ACTION: AT/AD

1. Given the new Chair has yet to be appointed it was noted that the Board will likely need to pass the resolution to delegate its powers to a committee at the March public Board meeting. It was agreed that it would be helpful to review the paper at the February Board strategy meeting.

ACTION: DC/AD

## Annual report and accounts 2019/20 (item 7.1)

1. Phil Hemmings presented the report that provided an update on the production of the 2019/20 annual report and accounts, and summarised the proposed topics to be covered in the ‘highlights’ section.
2. SMT noted the timeline for producing the report and supported the proposals for the highlights section. It was agreed that the report should also reference NICE’s support for the life sciences industry, including through the Accelerated Access Collaborative, and note the work with partners to support delivery of the NHS Long Term Plan.

ACTION: PH

## Annual report and accounts 2019/20: provisions, contingent liabilities and related party disclosures (item 7.2)

1. John Pegington presented the paper that set out the types of information that will need to be disclosed in the 2019/20 annual report and accounts as a contingent liability, provision, or related party transaction.
2. SMT discussed the disclosure requirements and noted the need to inform the finance team of any event in 2019/20 that could lead to a cost pressure in 2020/21, including any management of change exercises or judicial reviews.

ACTION: ALL

## High and medium risks for 2020/21 (item 7.3)

1. David Coombs presented the updated risk register to reflect the 2020-24 strategic ambitions and objectives in the draft 2020/21 business plan.
2. SMT reviewed the risk register and agreed:

* The mitigations for risk 12/20, which relates to failing to maintain NICE’s global reputation, should be expanded to refer to the robust methods and processes for guidance development, and NICE’s centrality to the health and care system in the UK.
* Risk 14/20 should be refocused on the risk to the provision of a secure and effective IT network and telephony infrastructure due to limited internal capacity and time to plan and deliver a comprehensive hand-over from the outgoing IT outsourced supplier.
* Risk 15/20 should be refocused beyond IT to reflect the wider risks arising from the London office move.

1. Subject to these changes, SMT agreed the revised register for submission to the February Board Strategy meeting.

ACTION: DC

## Utility of EAMS data for NICE decision-making (item 7.4)

1. Meindert Boysen presented the proposal to publish a formal position statement on the role of the early access to medicines scheme (EAMS) in NICE’s health technology assessments (HTA).
2. SMT discussed the current EAMS and noted the current work to develop the scheme further. It was agreed that it might be helpful to defer publishing a position statement until this work has completed and there is also greater clarity on the changes to the regulatory landscape arising from EU exit. It was agreed that Meindert would raise this suggestion with the Office for Life Sciences and explore whether in the interim there could be an alternative approach for publishing the information in the paper on the relationship between EAMS and NICE’s HTA.

ACTION: MB

## META Tool progress and future plans (item 7.5)

1. Jeanette Kusel presented the paper that set out options for the future direction for the META tool, which seeks to help MedTech developers plan their value proposition and evidence generation.
2. Jeanette noted the steady increase in the tool’s uptake since its inception in July 2017, and highlighted that a structured stakeholder engagement exercise has demonstrated strong support for its continuation as an online platform. The requirement for an accessibility audit and the need for further development work based on user feedback has though prompted the team to explore different options for the tool’s continued development.
3. SMT discussed the options set out in the paper. While decommissioning the online version and converting this to a Word-based tool is the least expensive option, SMT noted this would represent a loss of functionality and have adverse reputational impacts. SMT noted the merits of the recommended option – recoding the META tool into the same format as HealthTech Connect (HTC) and linking the 2 systems – but were mindful of the potential risks around this. In particular, the potential uncertainty about the future of HTC in the context of the Accelerated Access Collaborative’s (AAC) innovation portal.
4. SMT therefore agreed to defer a decision on META’s long-term future to enable further discussions to take place with the AAC and the HTC board, and also to discuss with the Government Digital Service (GDS) the implications of integrating META and HTC. This pause would also provide further opportunity to review the financial projections. In the interim, it was agreed that the accessibility audit should take place to identify any required changes that could be made once the long-term model is agreed.

ACTION: JK

## EU exit (item 8)

1. Meindert Boysen noted that NICE will continue to seek guidance from DHSC about the Institute’s engagement in European meetings.

## NICE Connect (item 9)

1. Gill Leng highlighted the positive work undertaken on benefits realisation and proposed briefing the Board on this at the morning session in March.

ACTION: GL

## London office move (item 10)

1. Catherine Wilkinson presented the risk register for the London office move, which has been developed for NICE’s internal use to accompany the joint-ALB risk register produced for the joint programme board.
2. SMT reviewed the risk register. It was noted that while the ALBs are currently working well together, risk 4 has been included to reflect issues of cultural incongruence which may arise once work to develop shared office protocols commences. In relation to risk 8, Catherine stated that regular monitoring of current occupancy levels in London has indicated there will be sufficient capacity in the new office despite the reduction in desks from the current office.
3. SMT agreed the risk register subject to:

* Amending the rating of risk 11, that relates to the loss of staff, to ‘2’ for both likelihood and impact.
* Strengthening the mitigations for risk 14 to note the intention to bring in additional IT capacity.

ACTION: ER/CW

1. SMT expressed a strong preference for numbering the meeting rooms, noting this requires discussion with the other ALBs.

ACTION: CW

## Chair and Chief Executive appointments (item 11)

1. No further update.

## Weekly staff SMT updates (item 12)

1. SMT agreed the staff updates.

ACTION: DC

## Other business (item 13)

1. SMT considered whether to proceed with booking delegate places and travel for the HTAi conference in Beijing in June. Given the uncertainty about Coronavirus and the travel advice that might be in place at the time of the conference, it was agreed to hold off booking any conference places and travel.