**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 9 June 2020

## Present

Gill Leng Chief Executive

Meindert Boysen Director – Centre for Health Technology Evaluation

Paul Chrisp Director – Centre for Guidelines

Jane Gizbert Director – Communications

Judith Richardson Acting Director – Health and Social Care

Alexia Tonnel Director – Evidence Resources

## In attendance

Rebecca Albrow Associate Director – Diagnostics Assessment – Centre for Health Technology Evaluation (item 6.5)

David Coombs Associate Director – Corporate Office (minutes)

Leighton Coombs Senior Programme Analyst – Health and Social Care (item 6.2)

Nick Crabb Programme Director – Science Advice and Research

Grace Marguerie Associate Director – HR and Acting Deputy Business Planning and Resources Director

Mirella Marlow Programme Director – Centre for Health Technology Evaluation (item 6.5)

## Apologies (item 1)

1. Apologies were received from Catherine Wilkinson who was represented by Grace Marguerie.

## 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 2 June 2020 were agreed as a correct record.

## Matters arising (item 4)

1. The actions from the meeting held on 2 June 2020 were noted as complete or in hand.
2. Gill Leng asked Grace Marguerie to consider whether any policies need to be updated before staff return to work in the offices. Grace confirmed this is in hand and will be picked up after the discussion at the gold group tomorrow on the approach to returning to the offices.
3. Jane Gizbert confirmed that due to capacity constraints the communications team would not be able to release resources to support Public Health England with COVID-19 work.

## Coronavirus (item 5)

1. SMT confirmed the decisions at the gold group to:

* Retain the plan to relocate to the new London office in Stratford but to re-think the requirements for floor space, furniture and meeting rooms.
* Not pursue a new AV/VC solution for the Stratford office.

## Carer leave policy suspension and next steps to getting back to normalising contracted working hours (item 6.1)

1. Grace Marguerie presented the paper that set out the proposed timeline and next steps to regularise staff working their contracted hours by the end of October following the suspension of the carer leave policy in March 2020. As agreed at the gold group, a working group has been convened to formulate possible solutions and suggestions which would help support employees to work their contracted hours in a flexible way. The group will report their findings to the gold group by the week commencing 6 July.
2. SMT discussed the aims for this piece of work and confirmed that by the end of October staff will be expected to work their contracted hours, utilising flexible working opportunities if needed. Any staff unable to do this will need to reduce their working hours either temporarily or permanently. SMT noted the level of goodwill generated by NICE’s approach to date, and the need to sensitively handle this issue with staff and managers. It was agreed that Gill Leng would liaise with Jane Gizbert and Grace Marguerie to prepare an update on this work for next week’s all staff meeting. SMT noted Unison’s positive feedback on the approach taken to date and agreed that Grace would seek the union’s feedback on the proposed next steps so this could be incorporated into the staff update as appropriate.

ACTION: GL/GM/JG

## NICE impact: respiratory conditions (item 6.2)

1. Leighton Coombs presented the impact report for the July public Board meeting, which is focused on NICE’s guidance on respiratory conditions. The report has been updated since it was first reviewed by SMT in April and now refers to NICE’s COVID-19 guidance where applicable.
2. SMT agreed the report for submission to the July Board meeting subject to adding additional explanatory context at the start to explain that the report looks at NICE’s impact prior to the COVID-19 pandemic; highlights some of the resources produced by NICE to support the pandemic; and that moving forward, NICE will look at how to assimilate the implications of COVID-19 into the wider guidance catalogue. SMT agreed that as part of these amendments the formatting on this introductory page and elsewhere in the report should be reviewed.

ACTION: LC/JR

## Developing a strategic plan for NICE (item 6.3)

1. Gill Leng presented the draft paper for the June Board strategy meeting that set out a proposed process and high-level timelines for the development of a strategic plan for NICE. Gill noted that it is no longer proposed to commission external consultancy expertise to support this work, but seek external input from stakeholders through a series of interviews. Gill also noted that at the time of writing the paper she had planned for Mark Salmon to provide senior level support for this work, however it has since been agreed that Mark will instead focus on his existing duties including supporting the Centre for Health Technology Evaluation with a range of initiatives on digital health technologies. Gill asked directors to consider alternative suggestions for who could provide senior level support for the work.

ACTION: SMT

1. SMT discussed the proposed approach set out in the paper and supported the proposal to undertake this work internally, but with external input and challenge. It was agreed that it would be helpful to engage a former senior member of staff to undertake the interviews with the external stakeholders, as they would have both an understanding of NICE and a degree of independence to give an external perspective. Using outside expertise to undertake the interviews could also help encourage the interviewees to give open feedback. This individual could potentially also assist with drafting the plan, under SMT’s direction. SMT noted the need to consider the relevant provisions in the standing orders and Department for Health and Social Care (DHSC) spending restrictions when commissioning this support.

ACTION: GL/JG

1. SMT reviewed the proposed list of interviewees and identified a number of potential changes, including to ensure input from diverse perspectives across NICE’s portfolio. Gill Leng stated that she would produce a long list for the Board’s review, taking account of SMT’s feedback. It was agreed that the paper should note any linkage between this work and the proposed NICE Connect ‘red team’.

ACTION: GL

1. It was agreed that the paper should include a draft vision and mission following the discussions at the SMT retreat. Gill stated that she would circulate a revised draft vision and mission for SMT’s input and include this in the next iteration of the Board paper that will be discussed with the NICE Chairman prior to circulation to the Board.

ACTION: GL

## NICE guidelines programme: prioritisation of activities (item 6.4)

1. Paul Chrisp presented the proposed terms of reference for a cross-agency advisory group to advise on the draft principles, process, and rationale for changes to the prioritisation of activities in the NICE guidelines programme.
2. SMT reviewed the paper and agreed that it would be helpful to clarify at the outset that there are two phases to the work. The first stage is to assess the current list of referred topics and planned updates to agree priorities. The second phase is to then identify existing guidelines in the portfolio that can be placed into either a ‘static’ list where an update is only triggered by a significant shift in evidence, or an 'active' portfolio that is kept up to date through standard and exceptional review processes. It was suggested that the proposed principles to guide prioritisation should be broadened beyond the current clinical focus and could also be grouped and applied sequentially. It was agreed that the membership of the advisory group should refer to job titles rather than individuals, and include input on child topics.

ACTION: PC

1. Following the planned discussion at the upcoming points of engagement meeting it was agreed that the proposals should be brought to the July public Board meeting prior to the planned targeted consultation.

ACTION: PC

1. SMT noted that the broader issue of cross-Institute topic selection ]will be picked up at the process, methods and analytics expert group.

ACTION: PC/MB

## Medtech Innovation Briefings to support NHS England and Improvement's COVID-19 testing strategy

1. Mirella Marlow and Rebecca Albrow presented the proposed changes to the Medtech Innovation Briefing (MIB) process to meet a need identified by NHS England and NHS Improvement to provide more information to the system on SARS-CoV2 viral detection and antibody tests. Mirella noted the differences to the standard MIB process, which reflect the specific circumstances around COVID-19 and the need to produce the briefings at pace and give an opinion on the suitability of a product.

1. SMT supported the proposals and agreed that an expert panel should be used to assess products against the MHRA's Target Product Profiles given the time constraints for this work. SMT noted the commitment in NICE’s principles to use independent advisory committees to develop recommendations and supported the proposal to draw upon the membership of the Diagnostics Advisory Committee for the panel and publish the panel’s declarations of interests. It was agreed that an addendum should be added to the process and methods for MIBs to refer to these COVID-19 multi-MIBs.

ACTION: MM

1. Gill Leng asked Mirella to include this work in the update to the June Board strategy meeting on NICE’s support for COVID-19 diagnostics, and to update the finance team on the cost implications of this work. Gill stated that she would also seek further information on the arrangements for the testing aspect of the NHS test and trace programme.

ACTION: GL/MM

1. Gill Leng asked the process, methods and analytics expert group look at whether there could be a consistent approach to when expert panels are used as opposed to advisory committees.

ACTION: MB/PC

## EU exit (item 7)

1. Meindert Boysen noted that the three main aspects of the DHSC’s planning are the implications of the Northern Ireland protocol on medicines regulation; reciprocal healthcare; and supply. He noted that this first issue has implications for NICE as could lead to medicines being subject to different licensing regimes in Northern Ireland as to the rest of the UK. Meindert added that the internal EU exit group will recommence meeting shortly.
2. Grace Marguerie confirmed that the HR team are reviewing the implications of recently released information on the future immigration arrangements and would brief SMT accordingly.

## London office move (item 8)

1. Gill Leng noted that the issue was discussed at the quarterly accountability meeting (QAM) with DHSC earlier this week, in particular the implications of COVID-19 on the plans for the new office.

## Any other business (item 9)

1. Meindert Boysen noted that the claimants have been granted permission to appeal the outcome of the judicial review of NICE’s decision to route Sapropterin for treating Phenylketonuria to the technology appraisal rather than the highly specialised technologies programme. The appeal is scheduled for July.
2. Gill Leng gave further feedback from the QAM with DHSC. It was agreed at the meeting that the risk register should be updated to include the innovative medicines fund, and the cyber security risk should be raised to medium. The meeting also discussed the scope for NICE to produce guidelines more quickly and to think creatively about how to achieve this. The meeting also discussed funding for NICE’s work on COVID-19, which will be discussed further by NICE and DHSC finance colleagues later this week. It was also agreed NICE should raise this further with NHS England, and Paul Chrisp noted these discussions were underway. Gill stated that she would ask Catherine Wilkinson to update SMT on the finance position next week.

ACTION: GL/CW