**National Institute for Health and Care Excellence**

Senior Management Team

# Minutes of the meeting held on 21 July 2020

## Present

Gill Leng Chief Executive

Jane Gizbert Director – Communications

Alexia Tonnel Director – Evidence Resources

Catherine Wilkinson Acting Director – Business Planning and Resources

## In attendance

David Coombs Associate Director – Corporate Office (minutes)

Nick Crabb Programme Director – Science Advice and Research

Fiona Glen Programme Director and Deputy Centre for Guidelines Director

Brad Groves Associate Director – Managed Access – Centre for Health Technology Evaluation (item 7.2)

Jasdeep Hayre Associate Director – Technology Appraisals – Centre for Health Technology Evaluation (item 7.2)

Johanna Hulme Associate Director – Medicines Evidence and Advice – Health and Social Care (item 7.3)

Jeanette Kusel Acting Deputy Director – Centre for Health Technology Evaluation

Rosie Lovett Senior Scientific Adviser – Science Policy and Research (item 7.1)

Eric Power Programme Director – Health and Social Care (item 7.3)

Victoria Thomas Head of Public Involvement – Health and Social Care

## Apologies (item 1)

1. Apologies were received from Meindert Boysen, Paul Chrisp and Judith Richardson who were represented by Jeanette Kusel, Fiona Glen and Victoria Thomas respectively.

## 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 14 July 2020 were agreed as a correct record subject to amending paragraph 22 to clarify that Jeanette Kusel is developing an international strategic engagement plan for the Institute.

## Matters arising (item 4)

1. The actions from the meeting held on 14 July 2020 were noted as complete or in hand.
2. Alexia Tonnel stated that following discussion with Catherine Wilkinson it has been agreed to use the term ‘information and data architecture’ rather than information management for one of the Associate Director portfolios in the Digital, Information and Technology (DIT) directorate.

## Coronavirus (item 5)

1. SMT confirmed the decision at the gold group to phase out the temporary home working allowance.

## Board meetings (item 6)

1. SMT reviewed the actions from the Board meetings held on 15 July 2020 and agreed directors would liaise with David Coombs outside of the meeting to populate the action log with timescales and progress updates.

ACTION: SMT/DC

1. SMT discussed the length of the proposed agenda for the August Board Strategy meeting and agreed that the progress with the London office move and strategic plan development would be incorporated into the Chief Executive’s update. Gill Leng stated that she would discuss with the Chairman the arrangements for ensuring there is sufficient time for the Board’s discussion on equality and diversity – which may include scheduling a separate discussion immediately after the Board meeting.

ACTION: GL

## Deliberative public engagement on morals, ethics, and social values (item 7.1)

1. Rosie Lovett presented the proposals for a new process for deliberative public engagement on moral, ethical, and social value issues to replace the Citizens Council. The proposals follow discussion with SMT earlier in the year and entail a flexible process for complex and contentious issues that would complement NICE’s existing public engagement mechanisms.
2. SMT members acknowledged the complexity and importance of this work but queried whether it required a new a full time 8a post. In response, Rosie Lovett and Nick Crabb explained that there will be a need to undertake substantial work to review and filter proposed topics, which will include a literature review, engagement with the team proposing the topic, and with national partners such as NHS England and the Department of Health and Social Care (DHSC) to confirm NICE has the scope to act on the outcome of the engagement exercise. The post will also work with the guidance teams to implement the outcome of the engagement exercises.
3. SMT discussed the proposed process for the engagement. It was agreed that the timescale for each engagement exercise should be reduced if possible, and further consideration given to the approach for recruiting participants to ensure the involvement of people who do not usually participate in NICE guidance development. It was agreed that it would be helpful to explore the approaches taken to deliberative engagement by other public bodies in the UK and also potentially the scope for joint working to deliver economies of scale.
4. Taking account of the above comments, SMT approved the proposals, subject to the Board’s support at the August Board Strategy meeting. It was agreed that the paper to the Board should more clearly articulate the benefit of the engagement to NICE’s work and reference the approaches to deliberative engagement in other organisations. Following the Board’s support for the high level proposals, SMT approved the appointment of the full time 8a post to support this work, with the proviso that the role could be used to support other activities if there is insufficient work on the deliberative public engagement. In addition to the funding for this post, SMT agreed an annual recurring budget of £50k with the expectation this would be sufficient for delivering the public engagement exercises. It was agreed that SMT could then in future agree additional funding on a one-off basis if exceptionally a more extensive exercise is required.

ACTION: NC/RL/CW

## Elosulfase alfa for treating mucopolysaccharidosis type IVa (review of HST2) (item 7.2)

1. Jasdeep Hayre and Brad Groves presented the update on the status of the review of highly specialised technology (HST) elosulfase alfa for treating mucopolysaccharidosis type IVa (HST2), and the proposal to flexibly apply the process to resume work on the evaluation. They outlined the background and noted the difference of opinion between NICE and the company on the arrangements for reviewing the original HST at the end of the current managed access agreement (MAA). Following discussions between NICE, the company, NHS England (NHSE) and the patient group, the proposal is for NICE to review the clinical and cost-effectiveness evidence and make routine recommendations on prospective new patients using the current HST interim process and methods. NHSE and the company will undertake commercial negotiations about continuing patient access to elosulfase alfa for patients who began treatment before the MAA expires; NICE will not make recommendations that would affect the treatment for patients who have already received elosulfase alfa.
2. In response to questions from SMT, Brad and Jasdeep noted that this approach has potential implications for two other HST MAA exits and a consistent approach will be applied where possible. It was noted that the MAA template has since been updated to clarify the arrangements at the end of the agreement. SMT discussed the position with the cost recovery arrangements and were advised that NHSE’s agreement to extend the MAA for existing patients will require the company to comply with the charging requirements for the upcoming review.
3. SMT agreed to the proposals outlined in the paper and to resume the HST guidance review if the company agrees to comply with the charging procedure. It was agreed that a progress update should be provided to SMT at a suitable point.

ACTION: JH/BG

## COVID-19 rapid medicines summary (item 7.3)

1. Eric Power and Johanna Hulme presented the proposed approach to developing a new COVID-19 NICE output, that would provide a summary of COVID-19 medicine, including relevant information about safety, and a summary of the evidence available.
2. SMT provided positive feedback on the visual presentation of the product. However, there were concerns about the proposal to create a new product with distinct methods and process, which it was felt would run counter to the NICE Connect vision of a single integrated output. In addition, this would also create an unfunded cost-pressure. It was therefore agreed that it would be more appropriate to focus on providing guidance on the use of medicines for COVID-19 as part of a relevant guideline. The proposed product could then be part of the guideline and provide a visual summary on specific medicines. SMT asked that this is considered further, and revised proposals brought back to SMT as appropriate.

ACTION: EP/JH

## Review of Digital Services network management arrangements (item 7.4)

1. Alexia Tonnel presented the paper that briefed SMT on the outcome of a review of network management arrangements in Digital Services. Alexia outlined the actions taken in response, and highlighted some of the residual weaknesses which primarily related to insufficient separation of duties and single points of failure connected to the limited size of the team. The new DIT structure will help address these issues, which will be explored in further detail by the new Associate Director, IT Operations and Infrastructure.
2. SMT noted the report and agreed the proposal to ask internal audit to review this area as part of the 2021/22 audit work plan, following the upcoming review by the new Associate Director, IT Operations and Infrastructure.

ACTION: AT

1. SMT agreed that when the internal audit plan is next discussed, it will be important to ensure key business processes are covered on a rolling basis.

## EU exit (item 8)

1. Nick Crabb highlighted that NICE’s internal EU oversight group has reconvened and the DHSC will likely require NICE’s input on several issues. Gill Leng asked that any resource requirements are flagged to SMT.

ACTION: NC/EP

## London office move (item 9)

1. Catherine Wilkinson provided a verbal update from the programme board and presented NICE’s latest risk register for the move. The key issue to note is that remedial works are required to address issues with the server room that arise from deficiencies in the original design. The DHSC are funding these works, but it could delay the availability of the office by up to four weeks. Catherine stated that NICE still has the option to use touch-down space in the Care Quality Commission’s office in Buckingham Palace Road if the upcoming staff survey identifies there are staff who urgently need access to an office.
2. Catherine also noted that a shorter MOTO has been agreed for the external meeting suite, which provides flexibility for the tenants given the uncertainty about how this space may be required in the future given COVID-19.
3. Catherine highlighted the London Office Manager’s success in arranging for the reuse of the obsolete equipment in Spring Gardens by community groups which has avoided the need to send it to landfill. Gill asked Jane Gizbert to draft a suitable message for staff that could be included in the daily all-staff email.

ACTION: JG

## Any other business (item 10)

1. None.