**National Institute for Health and Care Excellence**

Executive Team

# Minutes of the meeting held on 17 May 2022

## Present

Sam Roberts Chief Executive (chair)

Gail Allsopp Interim Chief Medical Officer

Paul Chrisp Director, Centre for Guidelines

Nicole Gee Interim Chief People Officer

Felix Greaves Director, Science, Evidence and Analytics

Jennifer Howells Director, Finance, Strategy and Transformation

Helen Knight Acting Interim Director of Medicines

Jeanette Kusel Acting Interim Director of Medtech

Judith Richardson Acting Director, Health and Social Care

Alexia Tonnel Director, Digital, Information and Technology

## In attendance

Hilary Baker Programme Director, Transformation

Boryana Stambolova Deputy Director Finance, Strategy and Commercial

Danielle Mason Associate Director, Communications - Brand and Marketing

Jonathan Waghorne Chief of Staff

David Coombs Associate Director, Corporate office (item 5.1)

Carla Deakin Programme Director, Commercial and Managed Access (item 7)

Brad Groves Associate Director, Managed Access (item 7)

Vince Doyle Associate Director, Product Development, DIT (item 9)

Behrooz Mirmolavi Digital Performance Manager, DIT (item 9)

Lotty Davies Senior Marketing Communications Manager (item 10)

Kate Scott Marketing Communications Manager (item 10)

Elaine Repton Corporate Governance and Risk Manager (minutes)

## Apologies (item 1)

1. Apologies for absence were received from Jennifer Howells and Jane Gizbert who were represented by Boryana Stambolova and Danielle Mason respectively.

## Declarations of interest (item 2)

1. The previously declared interests were noted.

## Notes of the previous meeting (item 3.1)

1. The minutes of the meeting held on 11 May 2022 were agreed as a correct record.

## Matters arising (item 3.2)

1. The actions from the meeting held on 11 May 2022 were noted as complete or in progress.

**Check-in**

1. This item will be covered from next week onwards.

## Discussion forum (item 5)

**Proposals for re-focusing the ET meetings (item 5.1)**

David Coombs outlined proposals to re-focus the ET meeting to ensure the time each week was used effectively to address core and critical business issues which cannot be resolved within directorates. To facilitate this, it was proposed to hold two different types of meetings on alternate weeks. One structured with an agenda and notes to be conducted in a hybrid format, and one informal with no agenda, held face to face to facilitate discussion of strategic issues and challenges collaboratively. ET supported the approach and agreed to implement the new format from 1 June 2022.

The paper included a suggested list of items for discussion at the structured meetings which will also include the sessions on the business plan priorities with the SROs in attendance and progress on EDI performance.

It was accepted that the transition would take time and there needed to be agreement on how the items currently on ET’s forward planner would be dealt with. There needed to be a shared understanding of items which will be relevant for ET, items for one to one discussions and those needing involvement of two or more ET members but did not require the whole of ET to be involved. David Coombs was asked to update the paper slightly and to begin re-scheduling the ET forward plan and meeting invites accordingly.

**ACTION: DC**

ET further discussed other internal groups which also require review, notably Guidance Executive (GE) and Publication Executive (PE) and the operational management committee (OMC) and senior leaders forum (SLF). There was general agreement that PE and GE could be streamlined and amalgamated into one group. Alexia Tonnel agreed to discuss this further with Judith Richardson and Eric Power. It was agreed to address ET, PE & GE initially, and then ask the senior leaders at a later for their views on how the OMC and SLF should operate going forward. It was expected that OMC meetings would be structured with delegated decision making authority from ET, while the SLF would be a discussion and information sharing forum. It was agreed that a communication be included in YW@N in the coming weeks to advise staff of the changes being made to the ET meetings and to the GE and PE forums, once a decision about GE and PE has been reached.

**ACTION: JR/DM**

## Resource impact (item 5.3)

Paul Chrisp advised ET of discussions at a recent GRIP meeting regarding the resource impact of the glucose monitoring guideline (and potentially gout), where the NHSE finance rep had raised concerns about the cost of implementation. It was agreed that Sam Roberts and Boryana Stambolova would arrange a conversation with the NHSE finance director.

**ACTION: SR/BS**

## Audit and risk committee feedback (item 6)

1. This item was deferred to the next meeting.

## Innovative Medicines Fund (item 7)

1. ET received an update on the Innovative Medicines Fund (IMF) consultation and development of the IMF principles document in consultation with NHSE. Some comments were raised on the principles and consultation feedback which Brad Groves agreed to raise with the IMF advisory board.
2. ET discussed the feedback received about the proposed 5 year limit on data collection to allow evidence from ongoing clinical trials and real-world data collection to mature. It was expected that the NICE board would raise this as an issue as it was of the view that it was taking too long for real-world data sets to be available for use in technology appraisals and to support outcome-based pricing.

## Chief Medical Officer role - next steps (item 8)

1. Gail Allsopp sought ET’s feedback on her suggestions of how the permanent CMO role should be structured, based on her experience to date. It was proposed that there be three key functions; actively drawing in clinical and scientific signals from the health system; overseeing patient/clinical data and clinical governance within NICE and influencing through clinical relationships, including with national clinical leaders.
2. ET discussed the high level themes and provided feedback on additional issues for consideration such as linking into the topic selection and standing committees and being the clinical comms lead with the media. Gail agreed to have further conversations with colleagues on some points for clarification and to produce a fuller paper for sign off at ET by the end of June and submission to a subsequent Board meeting.

**ACTION: GA**

## Web analytics (item 9)

1. ET received an update on NICE’s external digital presence and reviewed data analytics on how the NICE website content is accessed and consumed by users. The data included recent trends in performance across key services. It was noted that there had been feedback following the decision to switch off evidence search which had provided valuable learning for the future if other services are decommissioned.
2. ET noted the increase in visits to the CKS and BNF which the DIT team was exploring in relation to a model for living guidelines within strategic priority one. Jeanette Kusel noted the drop in views of MIBs which she wanted to follow up.

**ACTION: JK**

**Refreshing the NICE brand (item 10)**

1. Dani Mason presented recommendations to update the NICE brand and visual identity, based on consultations with a working group of reps from across the organisation. ET supported the proposals subject to the working group being asked to further discuss the website heading font and layout. ET also asked that the page numbering on the Powerpoint template be amended due to it becoming obscured in pdf packs.

**ACTION: DM**

## Review of the meeting agenda (item 11)

No comments raised.

## Other business (item 12)

**Culture workshop output** – Directors were asked for feedback on a draft slide from the culture workshop. Comments were provided which Nicole Gee agreed to incorporate before starting to meet with teams to provide wider input. ET agreed that the language needed to be specific enough for staff to understand exactly what it meant for them.

**ACTION: NG**