

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 6 March 2018

Present

Andrew Dillon	Chief Executive
Mark Baker	Director – Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
Gill Leng	Director – Health and Social Care (item 5.4 onwards)
Mirella Marlow	Acting Director – Centre for Health Technology Evaluation
Alexia Tonnel	Director – Evidence Resources

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Moya Alcock	Associate Director – Corporate Communications and Deputy Communications Director
Paul Chrisp	Programme Director and Deputy Health and Social Care Director (items 1 to 5.5)
Carla Deakin	Associate Director – Centre for Health Technology Evaluation (item 5.5)
Danielle Mason	Senior External Communications Manager (items 5.7 and 8)
Elaine Repton	Governance Manager: risk assurance (item 5.1)

Apologies (item 1)

1. Apologies were received from Jane Gizbert who was represented by Moya Alcock. Gill Leng gave apologies for the start of the meeting and was represented by Paul Chrisp.

Freedom of Information and publication scheme (item 2)

2. The final minutes will be made available on the NICE website subject to the redaction of any exempt material.

Notes of the previous meeting (item 3)

3. The minutes of the meeting held on 27 February 2018 were approved.

Matters arising (item 4)

4. The actions from the meeting held on 27 February 2018 were noted as complete or in hand.

Policy on declaring and managing interests for staff and Board members (item 5.1)

5. Elaine Repton presented the proposed policy on declaring and managing interests for Board members and employees, prior to consideration at the April Board meeting. The policy has been informed by the cross NHS conflicts of interest guidance published in 2017, and seeks consistency with NICE's recently approved advisory committee policy where relevant.

6. SMT reviewed the policy and agreed simplifications to paragraph 22 to state that judgement should be exercised on the required actions to manage the risks of any potential conflicts of interest. It was agreed that the provisions in paragraphs 27 to 29 should apply to the Guidance Executive in addition to the Board and SMT, and that evidence contractors should be required to declare any interests that could represent a conflict of interest with their work at NICE. It was agreed that the 'FAQs' supporting the committee policy should refer to the action required when a committee member works for an evidence contractor.
7. SMT discussed the provisions in the policy around the declaring and handling of indirect interests, including what is meant by a 'close' friend or associate, how such interests should be recorded, and how these could affect a staff member's role. It was noted that the provisions are consistent with the new committee policy, and SMT agreed that an FAQ should be developed to provide guidance on this point. This should take account of the approach set out in the cross NHS policy on this matter.
8. Subject to these and other minor amendments, SMT agreed the policy for discussion at the April Board meeting. It was agreed that the policy should be shared with the staff side representatives and the feedback reported to the Board in April. SMT agreed that consultation with the third party organisations to which the policy will apply was not required.

ACTION: BB/DC/ER

The NICE Foundation: exploratory review (item 5.2)

9. Andrew Dillon presented the paper outlining the approach for undertaking the exploratory review of the case for establishing a new charity, provisionally titled the NICE Foundation, to undertake education, research and fee for service activity, related to NICE's purpose, expertise and experience.
10. SMT supported the proposed approach for undertaking the exploratory review. It was suggested the business case should take account of the costs of employer's pension scheme contributions, and the review should utilise the market analysis recently undertaken for NICE Scientific Advice by the Communications Directorate. The review will consider which aspects of NICE activity outside of the Centre for Health Technology Evaluation could potentially be undertaken more effectively in the Foundation.
11. SMT agreed the project group membership as outlined in the paper, subject to adding the Evidence Resources Director, and including two rather than three Non-Executive Directors. In addition to oral progress updates to SMT, the group should also bring significant issues requiring a decision to SMT.

ACTION: AD/DC

Proposal for a regulation of the European Parliament and Council on HTA (item 5.3)

12. SMT reviewed the explanatory memorandum produced by the Department for Health and Social Care (DHSC) on proposed European Union legislation on health technology assessment (HTA). The proposals include mandatory joint clinical assessments, and a requirement for member states to follow common rules and an agreed methodology when carrying out HTAs nationally.

13. SMT noted that NICE has provided feedback to the DHSC on the proposals, and also continues to work with the MHRA to explore the potential impact of Brexit on HTA.

The use of real world data and big data analytics at NICE (item 5.4)

14. Andrew Dillon presented the proposed paper to the March Board meeting on NICE's progress with discussing potential partnerships to enhance NICE's capability to identify and use real world data and big data analytics. The Board will be asked to support continued funding for NICE project management resource for the equivalent of two days per week until April 2019 to establish whether a funding stream can be identified to formalise working arrangements with external partners. Andrew highlighted Carole Longson's input to the paper.
15. SMT agreed the paper for submission to the March Board meeting.
16. Should these discussions not identify an external funding stream, it was noted that NICE will need to consider whether to invest existing resources in developing data science capacity. Andrew Dillon, Gill Leng and Ben Bennett will meet to consider the flexibility within the current 2018/19 budget to fund such additional investment, to inform the Board discussion in March.

ACTION: AD/GL/BB

Accelerated Access Collaborative (item 5.5)

17. Carla Deakin presented the update on the Accelerated Access Collaborative (AAC) and asked SMT to support the list of technologies for NICE to propose for shortlisting and potential award of a 'Transformative Designation' by the Accelerated Access Collaborative (AAC) in April.
18. Andrew noted the decision at the AAC Board meeting that the first selected technologies should be those already approved and in the system, but which have existing adoption challenges. He queried how the focus on existing technologies sits with the ambition in the Accelerated Access Review (AAR) to identify technologies early in the development process and accelerate their assessment and adoption. In response, Carla stated that the proposal is to select existing technologies with a mature evidence base to work through how the pathway will work in practice. As such it would be more appropriate to use a 'pathfinder' rather than 'transformative' designation.
19. SMT discussed how the initial focus on existing technologies with adoption issues relates to the work of the NICE Implementation Collaborative (NIC) that has a similar remit. It was agreed that NICE, with input from NHS England should consider the respective roles of the AAC and NIC to avoid duplication and ensure the most effective use of resources. Following which, Andrew Dillon would discuss the matter further with the NIC chair.

ACTION: GL/PC/MM/AD

20. SMT supported the proposed list of technologies for nomination by NICE to the AAC.

Interventional procedures (IP) programme (item 5.6)

21. Mirella Marlow presented the proposed changes to Professor Kevin Harris' working hours at NICE, in response to a request from his substantive employer. Mirella outlined Professor Harris' current role at NICE, which combines the duties of Associate Director of the IP programme and Consultant Clinical Adviser. Mirella confirmed that the proposal represents the best available course of action.
22. SMT agreed the changes, noting that Mirella will meet with Professor Harris to discuss the arrangements for ensuring all aspects of his current duties continue to be delivered. It was agreed that an oral progress update on the revised arrangements should be provided to SMT in June.

ACTION: MM

GIN conference 2018: sponsorship opportunities (item 5.7)

23. Danielle Mason presented the proposal for NICE to enter into a sponsorship package at the Guidelines International Network (GIN) 2018 annual conference. She outlined the benefits of a sponsorship package, including increasing NICE's visibility to conference delegates, plus free delegate places.
24. Following discussion, SMT agreed to take out a 'gold' package, noting the cost would be offset by the reduction in NICE's delegate costs. The approach for funding the sponsorship from the 2018/19 budgets in the Communications and Health and Social Care Directorates would be discussed further outside of the meeting.

ACTION: DM/GL/BB

Business planning (item 6)

25. No further items discussed.

Weekly staff SMT updates (item 7)

26. SMT agreed the staff updates.

ACTION: DC

Any other business (item 8)

27. Danielle Mason updated SMT on the NICE 2018 annual conference, noting that ticket sales and arrangements are progressing well. Directors will shortly be sent details of the available delegate places for NICE staff for allocation. Danielle highlighted that SMT will receive a paper in the coming weeks on options for the 2019 conference.