

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 13 March 2018

Present

Andrew Dillon	Chief Executive
Mark Baker	Director – Centre for Guidelines (part of meeting)
Ben Bennett	Director – Business Planning and Resources
Jane Gizbert	Director – Communications
Mirella Marlow	Acting Director – Centre for Health Technology Evaluation
Alexia Tonnel	Director – Evidence Resources

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Meindert Boysen	Programme Director – Centre for Health Technology Evaluation (item 5.1)
Paul Chrisp	Programme Director and Deputy Health and Social Care Director
Grace Marguerie	Associate Director – Human Resources (items 5.2 and 5.3)

Apologies (item 1)

1. Apologies were received from Gill Leng who 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 6 March 2018 were approved.

Matters arising (item 4)

4. The actions from the meeting held on 6 March 2018 were noted as complete or in hand.
5. Andrew Dillon stated that following further discussion with SMT members, it is proposed to establish substantive capacity to explore the opportunities to utilise real world evidence and big data in NICE's work. SMT discussed the proposal, noting it will be developed in further detail, including how to fund this by redirecting expenditure from existing programmes, the location of the new capacity within NICE's organisational structure, and how the capacity could be deployed to benefit NICE's work. The level of proposed investment will likely necessitate Board approval, and this should be pencilled in for the May Board meeting. In addition, the SMT away-day in June will provide an opportunity to discuss a series of potential applications for real world evidence and big data.

ACTION: AD

6. SMT briefly discussed the respective roles of the Accelerated Access Collaborative (AAC) and NICE Implementation Collaborative (NIC), noting that it would be appropriate to refresh the NIC's terms of reference in the context of the AAC's

establishment. Andrew Dillon asked Paul Chrisp to extract the references to the NIC in the Accelerated Access Review and the Government's response.

ACTION: PC

Outcome of the second consultation on proposals to increase capacity within the technology appraisal programme (item 5.1)

7. Meindert Boysen presented the proposed paper to the March Board meeting on the outcome of the second stage consultation on changes to the technology appraisal (TA) programme. He reminded SMT of the central premise of the changes, which is to release capacity for the appraisal committees by bringing forward more of the scientific and technical elements before the first committee meeting. This should enable the programme to publish up to 75 appraisals per year, using the same committee resource that is now available.
8. Meindert summarised the feedback in the second stage consultation, which focused on two themes: the handling of confidential information, and engagement with companies and experts.
9. SMT discussed the concerns raised by industry respondents about the proposal to release confidential clinical information to all consultees and commentators who have signed a confidentiality agreement with NICE, before the CHMP opinion is granted. SMT noted the rationale for the proposal, which sought to redirect technical team resources from discussions on which data is confidential, to the new work on the technical reports that will enable the increased number of appraisals. SMT noted that given the concerns raised in the feedback and companies' ownership of their data, the consultation proposals, could extend the appraisal process and therefore delay patient access to new technologies.
10. SMT discussed the need to strike a balance between the development of timely guidance for new and innovative technologies entering the market and an appropriate level of transparency at the various stages of the appraisal process. It was agreed that greater weight should be given to patient access and timeliness of NICE's appraisals. Therefore, in line with the established principle in the regulatory process, confidential data should not be shared with consultees and commentators prior to the granting of marketing authorisation.
11. In the minority of cases where the appraisal takes place after marketing authorisation, non-commercially sensitive confidential information could be provided to consultees and commentators under a confidentiality agreement.
12. It was agreed that the report should be amended to reflect the above position, and clarify the rationale and context for the proposals.
13. SMT discussed the feedback regarding engagement with the companies and experts, and development of the technical report. It was agreed that further information should be provided on the proposed content of the technical report.
14. SMT discussed the suggestion in consultation feedback to not appraise a technology that is highly unlikely to make a case for cost effectiveness. SMT supported maintaining the current position that an appraisal is only terminated prior to review by the committee if the company does not make an evidence submission.

15. It was agreed that the report should explain the rationale for the implementation dates for the changes; in particular to clarify which changes were part of the first stage consultation.
16. Subject to the amendments to reflect the above points, and other minor amendments, SMT approved the report for submission to the March Public Board meeting.

ACTION: MBo/MM

Sickness absence policy (item 5.2)

17. Grace Marguerie presented the proposed amended sickness absence policy. As requested by managers, the policy provides a clear framework to manage short-term frequent sickness absence. The trigger point of four instances of sickness absence in a rolling 12 month period proposed in the new policy is consistent with other ALBs and public sector organisations. Grace highlighted that the policy has been written in partnership with Unison, and will be supported by guidance notes and training. The guidance notes will for example, provide advice on the proportionate approach to undertaking return to work interviews.
18. SMT agreed that the policy should be rewritten to be briefer and ensure the key information is presented in a more accessible format. It should make clear the incremental approach to managing sickness absence, that is sympathetic to individuals' positions, whilst recognising NICE's responsibility to appropriately manage sickness absence. Gill Leng, as NICE's Responsible Officer should be asked to comment on the provisions regarding medically qualified employees.
19. The revised policy could be approved by Ben Bennett on behalf of SMT.

ACTION: GM/BB

Brexit planning (item 5.4)

20. SMT noted the summary of the meeting with the MHRA. It was agreed that Mirella Marlow would liaise with Nick Crabb to provide a further update to the SMT at an appropriate point.

ACTION: MM/NC

Guideline committee chair appointment: Investigation and management of obstructive sleep apnoea and hypopnoea syndrome (item 5.5)

21. Mark Baker presented the proposal to appoint Dr Martin Robinson to the position of chair of the NICE guideline committee on investigation and management of obstructive sleep apnoea and hypopnoea syndrome. Dr Robinson is a consultant oncologist who previously chaired the NICE guideline committee on cancers of the upper aero digestive tract. He has no relevant interests.
22. SMT approved the appointment of Dr Robinson as chair of the guideline committee.

Guideline committee chair appointment: Chronic pain (item 5.6)

23. Mark Baker presented the proposal to appoint Dr Nick Kosky to the position of chair of the NICE guideline committee on chronic pain. Dr Kosky is a consultant

psychiatrist, who previously chaired the NICE guideline committee on mental health in the criminal justice system. He has no relevant interests.

24. SMT approved the appointment of Dr Kosky as chair of the guideline committee.

Any other business (item 8)

Guideline committee chair appointment: ME/CFS

25. Mark Baker presented the proposal to appoint Dr Peter Barry as chair of the NICE guideline committee on ME/CFS. Dr Barry is a paediatric intensivist who has extensive experience of chairing NICE clinical guidelines across a broad spectrum of activity including neuropathic pain, obesity and VTE prevention. He has no relevant interests to declare.
26. Mark stated that Baroness Ilora Finlay has agreed to act as vice-chair with special responsibility for stakeholder interests.
27. SMT approved the appointment of Dr Barry as chair of the guideline committee.

Mark Baker left the meeting

Business planning (item 6)

28. No further items discussed.

Time off work policy (item (5.3))

29. Grace Marguerie presented the proposed time off work policy which has been written in partnership with Unison. The overall entitlements are consistent with the current policy. The main change is that whilst employees can continue to take up to ten days carers' leave each year, the new policy states this should be taken in maximum one day blocks, compared to three days at present. In future, where caring responsibilities require more than one day off, annual leave or unpaid leave should be used.
30. SMT reviewed the policy and agreed that as with the sickness policy, it should be edited to reduce the length where possible, in particular in relation to the introductory sections and to remove duplication about the impact of sickness absence on annual leave.
31. It was agreed that the provisions on career breaks should be rewritten to make clear these will only be accepted when there is a business case to support the proposal, and each request will require approval from the SMT. The sections on cosmetic surgery should be removed from the policy, as should the section on religious and cultural observance – with the latter dealt with by the flexible working policy. SMT supported the proposed changes to carer's leave, subject to stating that it should not "normally" be taken in blocks exceeding one day.
32. It was agreed that the revised policy, with these amendments, could be approved by Ben Bennett on behalf of SMT.

ACTION: GM/BB

33. Grace outlined the proposal to extend the probation period for all future new employees from three to six months. This will provide greater opportunity to assess

new employees' suitability for a role, and their sickness absence record. This longer probation period is in line with other organisations. Grace confirmed that performance issues could be addressed and employment terminated prior to the end of the six month period if justified. SMT agreed the proposal to extend the probation period for future new employees to six months. This will not affect staff currently undergoing their probationary period.

Weekly staff SMT updates (item 7)

34. SMT agreed the staff updates.

ACTION: DC

FINAL