

DRAFT Minutes of the SBRI Healthcare Management Board, 21st May 2018

For agreement

Present (initials)		Representing
Richard Phillips	(RP)	ABHI, SBRI Management Board Chair
Anna King	(AK)	Health Innovation Network
Karen Livingstone	(KL)	SBRI Healthcare Lead Director, EAHSN
Piers Rickett	(PR)	EAHSN
Adrian Penrose	(AP)	EAHSN
David Connell	(DC)	Business lead
William Lilley	(WL)	SWAHSN
Neville Young	(NY)	YHAHSN
Tim Robinson	(TR)	EMAHSN
Anne Blackwood	(AB)	Health Enterprise East (Management Support)
Joop Tanis	(JT)	Health Enterprise East (Management Support)
Chris Warwick	(CW)	Health Enterprise East (Management Support)

Agenda Item	Minute	Action
	Welcome and introductions	
1.1	<p>Apologies were noted from Kevin Kiely, Chris Hart, Kathy Scott, Tony Young and Nicola Wesley.</p> <p>Cynthia Bullock (CB), Andrew Cheeseman, Sam Roberts attempted to join by phone, but the infrastructure prevented conference call</p>	
1.2	<p>Minutes of meeting 15th March 2018 Minutes approved.</p> <p>Matters arising Additional AHSN representation required on FAR committee, at least two representatives ideally. WL to check with colleagues at SWAHSN. GDPR being worked on, involves HEE, EAHSN & other AHSNs</p> <p>Action: KL to circulate note to all AHSNs re AHSN representation on FAR committee</p>	KL
1.3	Action Tracker	
2	Items for discussion and/or decision:	

<p>2.1</p>	<p>2018-19 Business plan – including programme budget 2018-19 Agreement for further 12-month commitment from the investment committee with a £10.2M budget. 2-year cycle makes commitments over the length of NHS Financial Year. Timetable to be restructured accordingly.</p> <p>Contract changes needed to ensure phase 2 is not guaranteed. All funding to be discharged within financial year with no tail legacy. Operational changes require a need to disperse funds in three thirds rather than quarterly. Timelines therefore are tight for new themes and needs a commitment to look at competition themes in advance, even if funding is uncertain. Groundwork required early, especially if there is a change of delivery partner. Time needed this year to look at themes for 2019/20.</p> <p>Benefits review instrumental in demonstrating benefits.</p> <p>DC highlighted that phase 2 is ideally a three-year programme, not two years. We should demonstrate that SBRI is a three-year programme and aim to have a two-year phase 2. NHSE should be reminded of this.</p> <p>Current portfolio has 50 products on the market. Providing evidence of ROI to OLS and NHS is vital</p> <p>Relicensing of SBRI Healthcare to take place in background.</p> <p>Draft business plan, to be revised by KL if required. Comments to KL by end of week 18/19 = new phase 1 and cancer phase 2.</p> <p>Action: KL to revise business plan, if feedback received</p>	<p>KL</p>
<p>2.1.1</p>	<p>2018-19 Theme selection and decision</p> <p>No perfect process in selecting theme. Current process triangulates national needs, cross references with AHSN priorities and with recent SBRI funding calls. Also cross checked with KTN 2018 report – industry’s capacity to respond.</p> <p>AHSNs were approached. 3 AHSNs responded: Dental & Maxillofacial - Wessex AHSN (with HIN?) MSK (& osteoarthritis) - WMAHSN Personalised medicine - YHAHSN (with EAHSN?)</p> <p>Time pressure to get briefs prepared. Option to explore all three themes and see how brief preparation goes, those that need more work could be postponed to next year.</p> <p>Maxillofacial includes plastic surgery, cancer, v. close to ENT, prosthetics. Head & neck cancer has quite broad appeal. Face, mouth and jaws. Dental team at Wessex. Socio-economically appropriate. Dental school in HIN patch.</p> <p>MSK done previously (May 2014). Mira the most successful project.</p> <p>Personalised meds – focus on big data and personalised meds, combine data with technology. Could include genomics, good quality data, technology & economics. Theme</p>	

<p>2.1.2</p>	<p>could attract applications that are quite early, research based. Brief should be clear that work ready to come out. Topical, considering PMs speech on AI for cancer later today. Personalised care, people think genomics. Theme needs focus, very wide. Needs a champion to get brief done in time. Needs differentiation from genomics stuff. Data mining. Technology & diagnostics combined with economics. Could focus on one disease area, eg diabetes, but may be too restrictive. Needs careful definition, AHSNs need to champion. EAHSN may work with YHAHSN.</p> <p>Governance review – re-visit following changes to contract. Log reviewed at last board, some changes to format of papers implemented, but fundamental changes deferred due to potential procurement process. The 12-month extension allows recommendations to be back under discussion.</p> <p>AHSNs representation previously involved one AHSN representing two. But, Board too large and desire for more strategic, smaller board, with stakeholder forum and sub committees. Link to AHSNs is vital. Fewer AHSNs on board may weaken their engagement. Every two months AHSN CDs should review and discuss SBRI. Good to have greater visibility of companies in each competition in phase 2. AHSN representation is now included in phase 2 monitoring, Q1 and final review.</p> <p>How does board review past progress? Board has oversight of companies in programme. All invited to alumni programme. Survey collates data also. Who are the successes? Success isn't lots of small scale projects. Need to coordinate more. Success can be judged in different ways e.g. Owlstone grown to 150 people and raising funding but not yet patient facing, still doing clinical research.</p> <p>Action: KL, RB & RP to review board governance</p>	<p>KL, RB, RP</p>
<p>2.2</p>	<p>2018-19 Communications Plan -</p> <p>Review from AP following recent discussion with HEE. Short, med & long-term priorities for comms being developed. Work divided up to provide impact. AHSNs comms leads to also promote the programme as well as doing centrally. Aim to produce more materials to facilitate AHSNs comms including key messages for patients' interest and economic benefits.</p> <p>Case studies, to be developed. Case studies should highlight what difference SBRI funding has made, eg Owlstone.</p> <p>Monthly newsletter to AHSNs is important, for wider comms. Comms ideally at EAHSN rather than HEE, as EAHSN take part in the AHSN comms reviews.</p> <p>AHSN stakeholders (stp, ccg) keen to hear what is happening. Keen to have focussed story each month. Need to smarter with content. Success stories and potential stars already identified in PA report. There are also clinical entrepreneurs, patient entrepreneurs that could be highlighted.</p> <p>Action: FAR to be informed of potential need for comms/PR resource</p>	<p>AK</p>

2.212.2.2	<p>Current PR/Comms Activities: Annual report to be produced, NHS Expo in Sept, monthly newsletter, AHSN event. Promote next competition and good news stories, for greater awareness.</p> <p>Is there scope for AHSN conference, sponsored by AZN or other, to showcase success stories, although potential overlap with success stories in other themes (ITP & NIA). Previous SPARK event. Medimmune have already approached KL regarding a review of the SBRI portfolio, especially respiratory companies. Also interest from Merck, J&J & Baxters.</p> <p>Meeting with external PR company (Farrer Kane) on Friday, potential for short term assistance with comms. Up to now, has been EAHSN. Difficult when products still in development. Ideally want other AHSNs on board as well.</p> <p>Comms teams at AHSNs are under resourced. More resource may be required, flag to FAR.</p> <p>SBRI Healthcare key reports review SBRI Healthcare Benefits Review Brochure</p> <p>DC stated that the font is too small in the annual reports and that the contrast with grey text is not clear.</p> <p>PA review should ideally be prefaced by what SBRI is and how it is different. The reports should demonstrate that SBRI funding has been a key part of the company's pathway – e.g. My mhealth, Mira.</p>	
3	Items for information: Items for information:	
3.1 3.1.1 3.1.2 3.1.3	<p>Programme reports: Q4 Progress Report Successfully delivered against objectives. Mental Health & Surgery are progressing. Due diligence underway. Contracts in early June. Press release being drafted. Budget discharged, £40K underspent.</p> <p>SBRI Healthcare competitions RAG May 2018</p> <p>3 companies in amber. 18-month pathway, hence some delays over a 12-month phase 2. Is it normal to have 3-4 amber? Yes. Only one red in last 2.5 years. Companies managed closely, but not invasively.</p> <p>If further details required on companies, then let EAHSN/SBRI team know. Not only those located in AHSN territory, others are doing key work that is appropriate for many AHSNs.</p> <p>SBRI Healthcare Balanced Scorecard May 2018</p> <p>Survey to be carried out in June. AHSN metrics are potentially changing. Fewer phase 1 in current scorecard, partly due to quality and partly budget. Phase 2, more companies funded in GP of the Future, utilised co-investment pot, so higher than previously.</p>	

	<p>Savings forecast comes from Health Economics review and analysis. Guide to show where the value proposition is. Track those who are on market. Much of the info on scorecard comes from survey, some is anecdotal.</p> <p>Financial Reports Verbal update from Chair: Board representation of FAR; GDPR; Planned review of processes</p> <p>3.2 Draft Minutes FAR Committee 17 May 2018</p> <p>3.2.1 Reviewed</p> <p>3.2.2 Draft Minutes FAR Committee telephone call 10th April 2018 Reviewed</p> <p>3.2.3 Draft Financial Report end of year 2017-18 Financial report reviewed and approved.</p> <p>3.2.4 HEE to report on GDPR. Update to be circulated this week.</p> <p>Action: AB to report on GDPR</p> <p>Subgroup of FAR to review how to run procurement process, subgroup to be independent from current providers. Note to CDs to say anyone with conflict e.g. EAHSN or HEE, or other AHSN that might bid, to be excluded from subgroup. DC & CB to be included in subgroup. Other stakeholders include Papworth, AHSNs & NHSE. In earlier discussions, NHSE hadn't realised how many stakeholders involved. NHSE to discuss with EAHSN & HEE.</p> <p>Should SBRI Board discuss with NHSE on how it should be reprocured? AK proposed that it is better if the FAR sub group deals with this to avoid vested interests. The right people from NHSE appear to be involved and are engaged. Revised timetable. Smooth process required with minimal disruption as possible new provider at next FY.</p> <p>Action: AK to circulate note to CDs re inclusion criteria for reprocurement subgroup</p> <p>No issues with risk register. Few tweaks on conflict of interest policy to be made. FAR to review policies and procedures, already provided by HEE. Any concerns, in policies and procedures, should be flagged. No policy reviews requested.</p>	<p>AB</p> <p>AK</p>
4	Items to note:	
4.1	<p>Complaints and FOI Register updated May 2018</p> <p>FOI request to AHSNs from Chris Crockford re Alivecor product. One previous FOI request handled by HEE. Applicant didn't complete application form, apologies for not highlighting in report</p>	
4.2	<p>Risk Register updated May 2018 Up to Date</p>	
4.3	Register of Interests updated May 2018	

	Up to Date	
5	AOB	
	<p>Update on PolyPhotonix meeting with AHSN leads</p> <p>PolyPhotonix – the board were updated on a meeting with PolyPhotonix in light of the Lancet review. The Board will consider any learnings that could be shared across the AHSN network and wider innovation landscape. One key learning is how AHSNs can support companies in trial design..</p> <p>Action: Future dates for Board & FAR to be circulated by KL</p>	

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