

DRAFT Minutes of the SBRI Healthcare Management Board Meeting, 10th October 2017

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
Steve Feast	(SF)	MD Eastern AHSN
Andrew Burroughs	(ABS)	Wessex AHSN
Chris Hart	(CH)	East Midlands AHSN
Kathy Scott	(KS)	NHS England Innovation team
Linda Magee	(LM)	GM AHSN
Lars Sundstrom	(LS)	WE AHSN
Cynthia Bullock	(CB)	Innovate UK
David Connell	(DC)	Business lead
Stuart Monk	(SM)	SWAHSN
Tony Young	(TY)	National Clinical Lead for Innovation NHS England
Andrew Cheeseman	(AC)	NHS England (Telephone)
Amanda Begley	(AB)	UCL Partners (Telephone)
Joop Tanis	(JT)	Health Enterprise East (Management Support)
Anne Blackwood	(AB)	Health Enterprise East (Management Support)
Penny Richold	(PR)	Health Enterprise East (Minutes)

Agenda Item	Minute	Action
1.	Welcome and introductions	
1.1	Apologies Rob Berry, Kevin Kiely Guest: Hannah Hartog, Goerge Macginnis (PA Consulting), Irina Higginson (Communications Manager, Eastern AHSN)	
1.2	Minutes of Previous Meeting	
1.2	Minutes of the previous meeting were considered and agreed DC was concerned that regarding agenda item 4.2 – that the board should action the creation of a sub group to look at improving the pull through and adoption through the entire SBRI process. The board noted David’s comments and indicated they would seek to reflect these in the new structure of the programme.	

2.	MATTERS ARISING NOT OTHERWISE ON THE AGENDA No other matters	
3.	Items for Information:	
3.1	Q2 Progress Report The Autumn call is close to launch. Launch events are currently planned for the following dates and locations: 24 th Oct – Bristol, 31 st Oct – Nottingham and 3 rd Nov – Liverpool. Late payment indemnity, has not been resolved at present. Cardiocity have withdrawn their complaint.	
3.2	SBRI Scorecard The board were pleased with the updates on the balanced scorecard. SBRI 12 onwards data will be available in due course.	
4.	Financial Report:	
4.1	Finance Audit and Risk Committee – AK gave a verbal report on the FAR committee meeting held on 26 th September 2017. The board commended the diligence of the FAR committee.	
4.2	Cash budget and funding The reports were noted. NHS England Internal Audit KL gave a verbal update on the process. The team were awaiting a written report.	
5.	Items to note:	
5.1	Complaints and FOI register No new complaints have been received	
5.2	Risk register noted	
5.3	Register of Interests noted	
6.	Items for discussion/decision	
6.1	Benefits review – Presentation from PA Consulting and two attached reports Decisions on next steps KL introduced the review to the Board – advising that the report had been commissioned by NHS England to establish the value of the programme to NHS England (the ROI) and the wider value.	

<p>6.2</p>	<p>PA consulting presented their review and findings to the board. A conservative approach has been taken throughout the review of the companies.</p> <p>The review not only looked at the current savings but also future savings. The review returned evidence of a reasonably balanced portfolio.</p> <p>The review looked at comparable programmes of the same type to see if these figures were positive. There were no programmes directly comparable to SBRI.</p> <p>The most successful companies come from highly funded competitions and finished Phase 2 contracts.</p> <p>Summary shows very positive returns for the NHS.</p> <p>The pace of adoption remains a major obstacle. Companies are frustrated that they enter the scheme but do not get the assistance they need from the NHS.</p> <p>Improvements that can be made are along the lines of procurement levers.</p> <p>Some companies reported back that early PR announcements caused sale pipelines to dry up.</p> <p>CH : What time scale was assumed for penetration? PA : It was varied by project depending on various factors including business plans, it ranged from 3 -9 years.</p> <p>DC: Have you been able to get any sense from individual companies as to whether there is more adoption once they have broken through the NHS barrier. PA : They do see the pace of adoption pick up once there is a hospital or patients within the NHS procuring or using their product.</p> <p>DC : This report shows a positive aggregate adoption rate.</p> <p>AB : Some of the companies were funded by other groups outside of SBRI or received help from local AHSNs.</p> <p>CB : Did you notice any patterns that may be able to help the companies in development or adoption. PA : There were no new patterns that have been noticed, however it was a short review looking at a limited number of companies in depth.</p> <p>SF : Does phase 3 make any difference, should we continue funding and give greater support. This report has brought forward some profound questions that the board will have to answer.</p> <p>AK : There is a lot of company data in the review. It will need to be abbreviated for PR/Communication purposes.</p> <p>Governance review – paper from Hannah Hartog Decisions on recommendations</p> <p>RB opened the discussion with a recognition that the current running of the programme by HEE and KL was excellent.</p> <p>SF introduced the report and worked through all recommendations with the board.</p> <p>The board discussed recommendations 1 and 2</p>	
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	<p>The board recognises that a smaller Strategic board should be formed with AHSN representation being less at board but more prominent at tier 2. Agreement that the exact formulation and size of the board should be determined by the programme as stakeholder engagement was important.</p> <p>It was agreed that the Chair should be independent of the programme, having more bandwidth for work outside of meetings.</p> <p>It was voiced that there is a lot of work involved in changing the current board and that there will need to be somebody independent to administer this change.</p> <p>Board agreed that further discussion with NHS England regarding timeline of board change should take place.</p> <p>Recommendation 3 - single streamlined contracted quarterly meetings. DC: I see everybody presenting themselves as a team and delving into all sub contacts could make it highly confusing and complicated. We just need simple reporting from each member of the team.</p> <p>CH: The report seems to have added a lot more steps that seem unnecessary and complicated. NHS England currently have a connection with the team. Do they need to be filtered through the board?</p> <p>The board discussed the current meetings that take place between all parties involved in SBRI and how this can be improved moving forward. The 3 key objectives being: reporting up to NHS England, engagement with the AHSN's and simplified processes wherever possible.</p> <p>It was suggested that to engage AHSN's more in the programme there needed to be a better flow of information from the programme and that there should be Bi-Annual engagement meetings involving all AHSN's, funded companies and Board representatives. The board were advised that Commercial Directors join company review meetings as a norm currently.</p> <p>Recommendation 4 - Discussion took place regarding the programme directors meeting with NHS England without board guidance. The board agrees that if KL is NHS England's contact then that was appropriate however, the risk to KL should be more recognised by the board.</p> <p>Recommendation 6 - The Board agrees that the contractor (HEE) should continue providing admin support for FAR and the Management Board with the number of HEE members who appear on the board possibly being reduced.</p> <p>AK: it makes sense that HEE is at the board as they are presenting papers. This has never been an issue.</p> <p>DC: you can't have a board meeting unless the people with the facts are there. They are at the sharp end and I appreciate their view.</p> <p>Board agrees recommendation 7 in principle</p> <p>Board agrees recommendation 8 in principle</p> <p>Recommendation 9 agreed in principle with a edit – AHSN representatives should be at least 2 not 1.</p> <p>Board agrees recommendation 10 in principle</p>	
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7.	<p>Any Other Business</p> <p>There was no other business</p> <p>RP thanked the Board for its presence and contributions, and the SBRI team for the papers and preparation.</p>	
8.	<p>Date of next meetings:</p> <p>6th February 2018 – 13.00 – 16.00, ABHI LONDON WC1X 8TZ</p> <p>24th April 2018 – 13.00 – 16.00, ABHI LONDON WC1X 8TZ</p>	