

DRAFT Minutes of the SBRI Healthcare Management Board Governance Review Teleconference, 13th Nov 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
Chris Hart	(CH)	East Midlands AHSN
Rob Berry	(RB)	Kent Surrey Sussex AHSN
Cynthia Bullock	(CB)	Innovate UK (Telephone)
David Connell	(DC)	Business lead
Kathy Scott	(KS)	NHS England
Joop Tanis	(JT)	Health Enterprise East (Management Support)
Penny Richold	(PR)	Health Enterprise East (Minutes)

Agenda Item	Minute	Action
	Welcome and introductions	
	Apologies were noted from Kevin Kiely, Andrew Burroughs, Lindsey Hughes, Linda Magee, Lars Sundstrom.	
	<p>Items for discussion: SBRI Governance review</p> <p>SF gave a summary of what would be discussed during the teleconference, giving a brief outline of the external governance review.</p> <p>The board agreed that it is not prudent to make the changes to governance of the SBRI board at this point as decisions by NHS England will determine the future of the programme and the potential re-procurement of the service. The board have suggested that NHS England include any key changes in the arrangements for re-contracting.</p> <p>The Board's view of the key recommendations was:</p> <p>SBRI Management Board stated that a second tier of governance was too complicated.</p> <p>New recommendation 1. SBRI-H Board supports that the Board moves to a new streamlined format with an intended membership of 6-8 people. Final membership to be agreed with NHSE. Ideally the Board to commence April 2018 with recognition that the re- procurement process may determine the timetable.</p>	KL + AK

1.	<p>Action: Stake holder list to be put together along with attributes. This should highlight people who are vital to the program and will help drive it forward.</p> <p>The Board agrees with the recommendation but warns that sticking to 6-8 could mean losing vital members of the board and so considered that the recommendation should be a smaller board of approx. 6-8 people with the key requirement that stakeholders were engaged.</p> <p>New recommendation 2. The current Board remains in place to oversee the process, manage conflicts of interest and provide advice to NHSE re the lead organisation to provide oversight of SBRI-H and guidance re the contractor procurement process.</p>	
2.	<p>The Board agreed with this approach and recognised that NHS England will need to manage any conflicts of interest with the current contract holders, EAHSN.</p> <p>The Board would expect a clear set of requirements from NHS England.</p> <p>New recommendation 3. Wider AHSN engagement in the theme selection: support to calls and engagement and support to the SBRI-H process and companies will be proposed via the current Commercial Directors group. A recommendation will be made in December.</p>	
3.	<p>Board recommends widening and making clearer the AHSNs involvement in choosing competition categories. The board considers this a highly important part of the competitions future success.</p> <p>NHS England would like to maximise funding and give SME's more support to be able to eventually run clear matrix on cost savings to and impact on the NHS. There will not be any more information around this until the NHSE investment committee being held on the 1st December.</p> <p>New recommendation 4. Finance Audit Risk Committee to provide assurance and exception reporting to the Strategic Board.</p>	
4.	<p>DC: Recommendation 4 sounds like it suggests that the FAR will have a wider remit than the terms of reference currently state.</p> <p>SF: It is not stating that the FAR will have a wider remit but purely that the remit would be more clear and focused</p> <p>Board agreed with the word strategic removed</p> <p>New recommendation 5. The chair of FAR will be a standing full member of the Board.</p> <p>Board Agreed</p> <p>The board feels that Substantial membership of the FAR committee should be made up of relevant board members. There will be an expectation that the SBRI contract holder</p>	

5.	<p>will need to have sight of the finances and or FAR may need outside expertise. Therefore, it was agreed that formal members of FAR will be on the Management Board.</p> <p>New recommendation 6. Programme reporting to ensure the delivery of the contract is monitored by the SRO and programme director with escalation to the SBRI Board when appropriate.</p> <p>Recommendation agreed by board</p>	
6.	<p>New recommendation 7. The ToR of the new Board to better clarify the reporting roles and responsibilities of the Programme Director, SRO and Board, in particular the Board Chair.</p> <p>DC: We would be asking more of the chair than we currently do. We must make sure that we have a chair who can spare the time to fulfill the responsibilities.</p>	
7.	<p>NHS England have expressed that they are comfortable with remunerating a chair if that is needed.</p> <p>New recommendation 8. The Programme Director develops and proposes a new Board reporting template and process to reflect the recommendations a,b,c,d.</p> <p>KL will draw together a new board reporting template to be circulated at the next Management Board.</p>	
8.	<p>No new recommendations</p> <p>New recommendation 9. The future Board chair should be independent of NHSE and AHSNs and will have a clearer role in agenda setting and determining future business of the Board.</p> <p>The board agreed that the Individual attributes of a prospective Chair is more important than their Job Title.</p>	KL
9.	<p>Action: Change description of chair to ‘should be from an industry background with NHS insight and experience.’</p> <p>New recommendation 10. NHSE should consider remunerating this position from the programme in line with similar roles.</p> <p>NHS England agree with this recommendation</p>	
10.	<p>Recommendation 11. A new communications strategy is developed that reflects the report’s recommendations.</p> <p>A revised communication strategy will be prepared with the AHSN communications leads and circulated to the board at their next meeting..</p>	
11.	<p>The Board recognises that KL alongside the AHSN’s are the right people to lead the communication strategy. The Board has suggested that it would be useful for a small</p>	KL+AK

	<p>group of the board to read through and critique the draft so that it can evolve.Action: Final list of recommendations firmed up and re-circulated to the board</p>	
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