This paper reports a mixed methods evaluation of the HIEC programme in NHS England. Although this programme is now morphing in a new political context, the paper has the potential to offer some insights into the impacts of related programmes which seek to accelerate innovation in healthcare through organisational collaboration.

The focus on HIEC ‘implementation’ will point some readers to theories, models and frameworks for either practice or policy implementation, none of which are considered as programme theories within the paper. It might be helpful to point the reader to the particular focus of the paper in this respect. Most of the findings refer to governance and impact, rather than the organisational changes associated with the setting up of the collaborative.

Figure 1 is helpful, more in highlighting the ‘crowded landscape’ of organisational programmes driving the development of healthcare in England. However it may be helpful to include more text summarising the consistencies and differences in the various programmes listed. As a collaborative structure for research, I wondered why the UK research network infrastructure was excluded?

There is very little consideration of any existing evidence of ‘what works’ in organisational collaboration around innovation. The NIHR HSDR has commissioned a number of studies which may help in this respect.

The population, sampling and methods are clearly described, although I wasn’t clear how the different forms of data have been synthesised.

The finds are quite weak, and analytically do not appear to extend beyond the concepts and items included in the SAGA questionnaire completed by participants as part of the on-line survey. The discussion section accurately reflects the findings, but these are not extended in the wider literature around organisational collaboration in healthcare. As the authors indicate on page 88 that the HIEC focus of the study is exemplary rather than specific, then this is a missed opportunity.

In relation to the study findings, I have some queries about the following points:
L234 – what was the alternative to project-driven networks?
L247 – what was the scope and scale of these projects? Did different types of
projects play out differently?
L268 – where HIECs were hosted in different organisations, how were governance arrangements assimilated? Did this play out differently in NHS and HEI contexts?
L241 and 288 – there appears to be a contradiction around membership fees which could usefully be clarified.
L324 – I wondered what the strength of evidence for this was given the roles that were sampled in this study?

Major Compulsory Revisions
Provide a theoretical justification of the selection of the HIEC as an exemplar of collaborative governance in healthcare

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.