NHS
Health Research Authority

Health Research Authority

Business Plan

2012-2013

Protecting and promoting the interests of patients and the public in health research

Contents

The purpose of the Health Research Authority

The Health Research Authority is a Special Health Authority established on 1 December 2011. Its purpose is to protect and promote the interests of patients and the public in health research. We do this by supporting and promoting a robust and efficient regulatory and governance framework in the UK and providing the National Research Ethics Service (NRES).

Our vision and ambition is to develop a Health Research Authority:

- driven by our key purpose of protecting and promoting the interests of patients and the public in health research
- underpinned by our leadership in creating a unified health research approval process and promoting consistent, proportionate standards for compliance and inspection
- with our success being acknowledged by key stakeholders, as well as seen through improved approval times, increased numbers of research participants and projects, and greater confidence in health research.

We will work with all the relevant partners to help create an environment where:

- greater numbers of patients and the public can and do take part in health research, and continue to feel safe when they do
- applying to do research is simpler, and getting a decision is quicker
- researchers find it easier to do high-quality, ethical research
- the NHS appreciates how health research benefits patients and staff
- industry sees the UK as a great place to do health research
- more money from charities and other research funders goes into carrying out research, and less into getting through unnecessary hoops before it starts
- clinical trials get registered and research results get published.

The governance of the Health Research Authority

The HRA has an Interim Executive Board, working within a framework agreement with the Department of Health (DH). Appointments will be made to the Chair, non-executives and substantive executive posts in summer 2012. The Government also intends to publish legislation to establish the HRA as a Non-Departmental Public Body for pre-legislative scrutiny in the second session of this parliament.

The HRA has an involvement strategy which includes a staff partnership forum and established formal feedback routes for the users of our services. The HRA is working with INVOLVE, the Association of Medical Research Charities (AMRC) and others to develop effective mechanisms for active patient and public involvement.

The HRA is responsible for a budget of £10m and has 130 staff, some 1,200 committee members who voluntarily serve on the 80 National Research Ethics Service committees (RECs) and a National Research Ethics Advisors' Panel. Staff are based in London at the HRA office at Skipton House (two other London offices will close by September) and six other offices across England.

An invaluable contribution to the HRA is made by the members who serve on NRES committees, who give their time freely to provide robust and independent ethical review of research proposals.

The functions of the Health Research Authority

The HRA has a number of functions. We:

- are the Appointing Authority for research ethics committees (RECs) in England and provide the National Research Ethics Service;
- by agreement with the Devolved Administrations, we support a UK-wide system for ethical review in the UK;
- have an ongoing programme of work to shape effective national roles for the HRA, within our remit to provide a unified approval process and to promote consistent, proportionate standards for compliance and inspection.
- work in partnership to coordinate our activity with other organisations including the Devolved Administrations, Medicines and Healthcare products Regulatory Agency (MHRA), Human Tissue Authority (HTA), Human Fertilisation and Embryology Authority (HFEA), National Information Governance Board (NIGB), National Institute for Health Research (NIHR) and Administration of Radioactive Substances Advisory Committee (ARSAC);
- provide advice and support through our advice service, published guidance, information and training programmes;
- provide the Integrated Research Application System (IRAS), through which applications for regulatory and governance approvals of health research are made in the UK, and have agreed plans to provide a platform for the unified approval process from IRAS;

As a new organisation, we will need to develop structures to accommodate emerging roles for the HRA within our functions, and to prepare to be ready to take on further functions as they are transferred by the DH, in particular approving use of confidential patient information for research. The following sections set out our high level business objectives. Key performance indicators for 2012-13 are included in *Appendix 1*.

This business plan may be read in conjunction with other information published by the HRA on its website, for example the work to shape effective national roles for the HRA which will report at end April 2012. In addition, previous NRES *Year in Review* publications and numerous publications of advice and guidance may be found on the HRA website.

Business objective 1

To maintain and develop effective governance and leadership for the HRA

The HRA is responsible for delivering and leading the HRA business through effective and robust governance to:

- Schedule and manage business effectively through the HRA Board;
- Demonstrate delivery as required in the HRA-DH framework agreement, including finance, accounting and information governance;
- Increase the profile and confidence in the HRA;
- Demonstrate value for money;
- Complete the transition programme for the HRA establishment, including remaining staff transfers and move to shared services for DH arm's-length bodies (September 2012);
- Support and develop staff and committee members to build culture and values for the HRA;
- Implement the HRA involvement strategy, including effective Patient and Public Involvement and stakeholder engagement;

Business objective 2

To develop and maintain an effective communication strategy for the HRA

The HRA has been established with the NRES at the core. To build confidence in the HRA and its functions, it will be important that it is identifiable as an independent organisation. The HRA will:

- Consolidate the HRA corporate and visual identity (November 2012);
- Maintain the NRES identity within the HRA with a focus specifically on REC operation and review (November 2012);
- Maintain the IRAS identity within the HRA (November 2012);
- Deliver a fully functioning fit-for-purpose HRA website that meets the needs of users, transitioning information from the NRES website in line with branding (December 2012);
- Develop an intranet to support internal communications for all HRA offices and committees;
- Build professional and public stakeholder relationships to engender trust and confidence;
- Develop and maintain effective internal and external communication channels.

Business objective 3

The provision of a platform for the unified approval process from IRAS

The Integrated Research Application System (IRAS) is a system provided by the HRA for all the IRAS partners, and is the system through which research regulatory and governance applications are made in the UK. The IRAS has been widely acknowledged as leading to considerable reduction of bureaucracy associated with generation of applications for regulatory and governance approvals in the UK. It will be used now to provide the platform for delivery of a unified approval process. The HRA provides the IRAS for the IRAS partnership, NRES is one IRAS partner. The HRA will:

- Continue to provide the Integrated Research Application System on behalf of the IRAS partners;
- Deliver the platform for a unified approval process from IRAS:

  1st phase – June 2012
  - Provision of electronic submissions to review bodies and embed electronic handling of applications as standard method of business for IRAS partners and researchers

  2nd phase – September 2012
  - Develop proposals for single application package option via HRA
  - Develop proposals for coordinated messaging between IRAS partners
  - Develop proposals for single notification package option via HRA
  - Implement proposals to bring in further IRAS partners, including Human Fertilisation and Embryology Authority (June - December 2012);
  - Implement further improvements to guidance, prompts and online tools to support researchers through application process (December 2012)

A list of the IRAS partners is provided in *Appendix 2.*

Business objective 4

To improve and develop our advice and information services

The HRA currently provides advice, support, information and guidance to RECs and researchers through the NRES website and email Queries Line. These services will be developed as HRA functions to provide access to information and guidance and to respond to requests for advice. This will support researchers in designing and conducting good quality research and ensure RECs are trained and experienced in reviewing applications to deliver robust and consistent review. The HRA will:

- Provide timely and authoritative advice;
- Improve and develop existing advice provision by monitoring for common issues and feedback, and exploring with researchers how they can best access such advice;
- Develop proposals for additional and integrated online resources and a portal for advice (September 2012);

- Work with research regulators and other organisations providing guidance and advice to researchers to improve consistency of advice and reduce unnecessary duplication.

Business objective 5

Maintain and build confidence in the HRA and health research in the UK

The HRA protects research participants from poor research through REC review and the HRA interest in good research conduct. The HRA will further improve confidence in health research and improve access to good quality research. The HRA will:

- Work with colleagues in the Devolved Administrations to provide UK-wide systems and to provide support to the Social Care REC in England;
- Contribute to the development of EU-wide initiatives and proposals for revision to the Clinical Trials Directive.
- Promote good research conduct;
- Promote a consensual and empirical foundation to our work;
- Effectively use the HRA involvement strategy to ensure engagement and patient and public involvement;
- Publish research summaries and summaries of REC opinions;
- Maintain a quality assurance programme for RECs and publish findings from accreditation reports;
- Receive, review, respond and publish feedback received on HRA services;
- Maintain ISO9001 certification for the HRA quality assurance programme, and take forward wider certification for HRA functions.

Business objective 6

Shaping an effective national role for the HRA – the unified approval process and promotion of proportionate standards for compliance and inspection

A multi-agency project team has been established to shape the role the HRA will play nationally. Looking at health research conducted in the NHS, the team is carrying out a process review of the entire research project journey, from initial idea, development, funding, approval, conduct, compliance, inspection, publication and translation. Going beyond the individual project, the review will extend to an analysis of other projects involving the same researcher or sponsor.

By reviewing current systems and improvement programmes, understanding roles and behaviours, and developing a common language, the team will identify areas for further improvement that will provide a unified approval process and promote proportionate standards for compliance and inspection. Specifically this will look beyond the system improvements delivered from the IRAS platform, to consider roles, behaviours, areas of

duplication, co-ordination, proportionality and the role of HRA to describe and facilitate common standards for health research.

- Complete system review by project team of research in the UK, from idea, through development, funding, approval, conduct, compliance, inspection and translation to identify areas for improvement and further consideration (April 2012);
- Formulate and implement the HRA role in promoting proportionate standards for compliance and inspection (December 2012);
- Implement proposals to enable the HRA interest in good research conduct, including following up on researchers' assurances to RECs about plans for publication of results and maintaining a register of compliance against these plans (September 2012);
- Maintain and develop collaborations and partnership agreements; review existing NRES agreements and update for HRA (April 2013).

Business objective 7

To provide an efficient, responsive, proportionate, effective and robust National Research Ethics Service (NRES)

The NRES RECs have worked to standard operating procedures since 2004, and NRES has been widely recognised as having transformed the systems for ethical review in the UK. The NRES is a core service of the HRA in providing ethical review and approval and protecting research participants. The role of the NRES is to protect the rights, safety, dignity and wellbeing of research participants and to facilitate ethical research. The NRES will:

- Maintain standard operating procedures for RECs and ensure effective delivery against these standards;
- Provide application specific advice in a timely and effective manner;
- Chair and provide secretariat support to the UK Ethics Committee Authority;

- Maintain service through staff transition to HRA and staff relocations (Sept 2012);
- Review capacity against demand for review at full committee and develop proposals, as required, for closures and mergers of RECs (September 2012);
- Provide the Phase 1 Advisory Group as a forum to ensure the service meets the needs of this industry, including reducing timelines from submission to review;
- Implement electronic submission and electronic booking for REC applications;
- Implement the electronic portal to enable electronic access to committee papers for REC members;
- Maintain programme for quality control checklists and responses to quality assurance audit action plans;

- Manage reported potential breaches and reported potential misconduct register through agreed standard operating procedures and advising the HRA on sponsor or employer responses;
- Ensure effective communications and support to REC members;
- Provide the National Research Ethics Advisors' Panel, and revise their remit to give greater focus on support to RECs and ethical review.

Business objective 8

To test and evaluate further improvement to the National Research Ethics Service

The NRES has an established history of learning and improvement and the HRA will continue to support the NRES in looking for further efficiencies and improvements to the service provided. The HRA NRES will:

- Test and evaluate the feasibility of further reducing the dataset required for proportionate review service applications;
- Evaluate the effectiveness and acceptability of an early assessment of applications received by the NRES, to improve the quality of applications received by committees and enable the early identification of issues that can be conditions of favourable opinion;
- To evaluate the effectiveness and acceptability of an officer's review of applications prior to committee consideration to provide advice on relevant legislation, guidance or previous decisions to facilitate improved consistency and standards of ethical review
- To test and evaluate taking some decision-making out of the committee to the officer role, e.g. suitability of the researcher and sponsor, funding, presentation and quality of protocol, insurance provision.

The aims of the improvement programme are to reduce provisional opinion rates, to improve timelines, to reduce the administrative burden on researchers and committees, and to improve quality and consistency of ethical review.

Business objective 9

Standards and Quality improvement

The HRA will work across all areas to improve quality of services, including ethical review, and will support researchers in designing good quality protocols, applications and in the good conduct of research. The HRA will:

- Provide and develop the NRES training programme as an HRA provided service, building further partnerships to enable provision to wider audiences;
- Provide guidance and information to researchers and RECs in effective and accessible formats;
- Identify topics for guidance in response to feedback from RECs, researchers and patients and the public including:

  - Participant information sheet guidance (October 2012)
  - Payment and incentives to research participants (December 2012)
  - Recruitment to time critical research (December 2012)
  - Revised guidance on ionising radiation in research (September 2012)
- Maintain the Shared Ethical Debate programme, ensuring effective dissemination of findings to RECs and researchers.

The financial profile for the Health Research Authority

Revenue

The Health Research Authority is a Special Health Authority and is required to plan for a balanced income and expenditure position. The majority of income is derived from grant in aid (GIA) provided via the Department of Health along with contributions from the Devolved Administrations. The HRA is expected to deliver efficiencies in line with the Comprehensive Spending Review. It is recognised the HRA will also be taking on new roles within the described purpose and new functions as directed by DH, which will be considered within the delivered efficiencies.

HRA Budget requirement and funding

2011/12 £ million		2012/13 £ million	Movement £ million
10.32	**Opening Expenditure Position**	**10.32**	**0.00**
6.86	NRES operations (RECs and management)	5.99	-0.87
2.52	HRA strategic delivery and head office	3.15	0.63
0.49	IRAS	0.49	0.00
0.18	Quality Assurance	0.18	0.00
0.27	Training	0.27	0.00
10.32	**Net expenditure (reduction)/increase**	**10.08**	**-0.24**
10.32	**Estimated Total Expenditure**	**10.08**	**-0.24**

2011/12 £ million	Funded by	2012/13 £ million	2012/13 £ million
10.10	Grant in Aid funding	9.86	-0.24
0.22	Income from Devolved Administrations	0.22	0.00
10.32	**Estimated Total Income**	**10.08**	**-0.24**

0.00	**Net Income & Expenditure Surplus**	**0.00**	**0.00**

Assumptions regarding inflation within the above figures for 2012/13 are based on the forecast Treasury deflator of 2.7% for 2012/13, and are reflected in non pay. Pay inflation is set to zero for all except those employees below a salary of £21,000.

The HRA has received notification that the indicative level of GIA will be £9.86 million.

£148k of the efficiency savings are based on further change management being implemented by September 2012.

All figures are provided on full year historical basis from the previous NRES budget, which transferred in to HRA.

Capital

During 2012/13, the HRA is planning to deliver a modest capital investment programme, progressing investments in video-conferencing with a particular emphasis on facilitating researchers' remote attendance at REC meetings alongside further modest investments in IRAS to deliver the functions announced in the government's Plan for Growth to provide a unified approval process.

Summary of Capital investment plans

Plan initiative	2012/13 £ '000
Video conferencing	50.00
IRAS	75.00
TOTAL	**125.00**

Performance and Assurance

Each strategic objective in this plan is subject to risk evaluation and review, and supporting work plans and actions are developed to mitigate the risks of failure to deliver these objectives. The identified risks are captured and regularly reviewed in our strategic risk register and form a key element of the HRA corporate assurance framework.

Progress against delivery of each objective will be reviewed quarterly by the HRA board and bi- monthly by the HRA Senior Management team using a performance management framework. This summarises the reporting of progress against each strategic objective and highlights any notable performance and risks.

Risks to the delivery of the HRA work plan, which emerge during the year, are reviewed and reported monthly in our assurance framework by each Division's ongoing review of performance and management of risk. Risks are escalated, in line with the HRA risk management policy for resolution via the strategic risk register and performance review process.

The performance report will form the basis of the formal HRA sponsor meetings with the DH.

The process and reporting is subject to examination and review by the Audit and Risk committee and by our Internal Auditors.

Staff and NRES committee members at the Health Research Authority

The establishment of the HRA has included the transfer of staff from the NPSA (National Patient Safety Agency) and from hosting arrangements held previously with Strategic Health Authorities. The current total establishment for direct and hosted staff is 130. In addition, the HRA has agreed some fixed-term contracts and secondments to support the transition and development of the HRA. The information provided is on current functions and does not attempt to predict changes resulting from DH decisions on additional functions.

Establishment	Q1	Q2	Q3	Q4
HRA	53.75	130	130	130
Hosted	80.75	0	0	0
Secondment / fixed term	5.5 wte (total includes some part-time)	3.5 wte (total includes some part-time)		
Total	**135.5**	**133.5**	**130**	**130**

The HRA, as the appointing authority, has 1,200 appointed members and 13 members appointed to the National Research Ethics Advisors' panel.

Key issues for staff and members this year will be support through further change and transition. The HRA has established a Staff Partnership Forum and the role of the National Research Ethics Advisors' panel includes engagement with the wider REC community. The HRA will use these and effective internal communications to maintain morale and commitment from staff and members. The HRA will conduct a staff survey in 2012 and will also look at ways of getting further views from the NRES committee members.

The collaborative role for Health Research Authority

Effective collaboration will be essential for the HRA to deliver effectively. The successful NRES partnerships have provided a firm foundation for the HRA and the HRA has already established a project team with members from the NIHR, HTA and MHRA to identify and develop proposals to shape the national roles for the HRA. These proposals are being developed with contribution from others, including the HFEA, NIGB and Devolved Administrations. The HRA also provides the IRAS for the IRAS partnership, which is an established UK-wide group and, again, will provide a firm basis for continued and improved collaboration. A key objective for this year will be for the HRA to review current formal NRES partnership agreements and described relationships in standard operating procedures to strengthen and enhance these as HRA documents.

The opportunity for efficiencies from the Health Research Authority

The HRA is required to meet efficiency savings along with all Arm's Length Bodies in the current comprehensive spending review period. Efficiencies are embedded within all the HRA objectives and its provided services, and to enable others to work more efficiently within a streamlined and improved overall framework for regulation and governance in the UK.

The unified approval process, including the provision of electronic submission, will provide opportunity for efficiencies in the application and submission process, building on previous improvements through an integrated system and functionality, such as transfer for electronic authorisation. These have already made a significant contribution to reducing the efforts required to prepare applications for regulatory and governance approvals.

Improved access to advice and guidance and early assessment will support researchers to prepare better quality applications, with an improved understanding of the requirements for favourable ethical opinion. Improved quality and consistency of review will also facilitate the approval process for researchers. The HRA will provide more opportunity for videoconferencing and teleconferences to enable remote access to REC meetings and the opportunity to save costs to researchers and sponsors in time and travel to REC meetings. A successful implementation of a reduced dataset for proportionate review applications would reduce the time and effort in preparing applications for low-risk studies. Reducing provisional opinion rates through early provision of advice and assessment would greatly reduce the administrative burden for researchers, reduce timelines and improve predictability of timelines, which we know is a key factor in improving the environment for research in the UK.

As the HRA develops roles to promote consistent, proportionate standards for compliance and inspection, it has the opportunity to influence the behaviours of others, to reduce duplication and wasted effort and further improve the environment for research. Working in collaboration and learning from others as they take forward their own agendas for efficiency will further improve HRA systems and influence national roles for the HRA.

Within the HRA systems there are opportunities for efficiencies. With electronic submission we will introduce electronic booking of applications to RECs, enabling researchers themselves to identify a suitable and preferred agenda slot and removing the need for a booking phone call for every application to NRES. Currently every application has a booking call; estimating 6,000 phone calls at 15 minutes each, this would equate to some 90,000 minutes, or 1,500 hours, and some 200 working days.

Provisional opinions run at 68%. This means over 4,000 applications to the NRES have two decisions – the initial provisional and then the final opinion. The latter is confirmed usually through Chair's approval or sub-committee, resulting in further correspondence and a further recorded decision and notification. We know that a provisional opinion is almost always followed by a favourable opinion. There will always be a place for provisional opinions. However, we can release resources if – through early advice, initial assessment and detailed documentation of required changes to enable a favourable opinion with additional conditions – fewer applications need to come back for further

decision. Estimating a provisional to favourable opinion takes a further hour of coordinator time, and assuming we can reduce provisional opinion rates to 30%, then we could potentially release 38% x 6000 hours, ie 2,280 hours or 304 working days of staff time. This would be well placed to be making the early assessment and providing the early advice, as well as reducing the burden on the Chair and committee members in having to consider and confirm opinions after provisional opinion.

Electronic submission will further reduce the administrative burden, as coordinators will no longer need to scan and upload documents. The REC member portal will provide alternatives to the expensive printing, posting and shredding of papers for members that wish to receive papers this way. The portal will also enable early access to papers, and may lead to reduced timelines if we can then reduce time from submission to meetings. The ability to see previous papers electronically will also greatly improve the processes for reviewing amendments.

The HRA has estimated savings of £1million in the next financial year from NRES as a result of the improvements planned within the strategic aims and approved objectives that deliver efficiency and improvement, whilst maintaining robust standards and services.

The Health Research Authority

Ground Floor, Skipton House
80 London Road
London SE1 6LH

Telephone: 020 797 22545
Email: contact.HRA@nhs.net

Glossary

AMRC	Association of Medical Research Charities
Appointing Authority	The body responsible for the appointment and indemnification of RECs
ARSAC	Administration of Radioactive Substances Advisory Committee
CRN CC	Clinical Research Network Co-ordinating Centre
Clinical Trials Regulations	The Medicines for Human Use (Clinical Trials) Regulations 2004
CTIMP	Clinical trial of an investigational medicinal product (any other type of research is known as a non-CTIMP)
DH	Department of Health
EU Directive	Directive 2001/20 EC of the European Parliament and the Council of the European Union relating to the implementation of good clinical practice in the conduct of clinical trials of medicinal products for human use
GAfREC	The UK Health Departments' Governance Arrangements for Research Ethics Committees
HFEA	Human Fertilisation and Embryology Authority
HRA	Health Research Authority (Special Health Authority established from 1 December 2011)
HTA	Human Tissue Authority
INVOLVE	INVOLVE is a national advisory group that supports greater public involvement in NHS, public health and social care research. INVOLVE is funded by and is part of the NIHR
IRAS	Integrated Research Application System, the online application system used to apply for most permissions and approvals for research in health and social care in the UK (www.myresearchproject.org.uk)
MHRA	Medicines and Healthcare products Regulatory Agency. MHRA (Medicines) is the competent authority for the UK in relation to the EU Directive and the Clinical Trials Regulations. MHRA (Devices) is the competent authority for the UK in relation to the Medical Devices Regulations 2002
NDPB	Non-Departmental Public Body

NIGB	National Information Governance Board for Health and Social Care
NIHR	National Institute for Health Research
NRES	National Research Ethics Service
NRES Director	The senior manager with overall responsibility for management of the National Research Ethics Service
REC	A Research Ethics Committee established in any part of the UK in accordance with GAfREC and/or recognised by the UKECA under the Clinical Trials Regulations
SCIE	Social Care Institute for Excellence
SOPs	The Standard Operating Procedures for Research Ethics Committees
SpHA	Special Health Authority
Sponsor	The individual, organisation or group taking on responsibility for securing the arragements to initiate, manage and finance a study
UKECA	United Kingdom Ethics Committee Authority

Appendix 1

Key performance indicators

- To consolidate the HRA corporate and visual identity with a functioning, fit-for-purpose website and intranet
- To maintain IRAS as an available system 24 hours a day, 7 days per week (to 99%)
- Deliver the platform for the Unified Approval Process from IRAS
- Create a common language and understanding within regulation, governance and compliance of quality, risks and standards and use these to underpin the Unified Approval Process
- To maintain current 4 working day response times to requests for advice (90%)

NRES specific

- 95% of applications to full committee to receive final decision within 40 calendar days
- 95% of applications to proportionate review service to receive decision within 14 calendar days
- 95% of amendments to receive decision within 20 working days
- 100% of audit action plans to be completed within agreed timeframes

Appendix 2

List of IRAS Partners

- National Institute for Social Care and Health Research (NISCHR), Wales
- Chief Scientist Office, Scotland
- Health & Social Care Research and Development (HSC R&D), Northern Ireland
- National Institute for Health Research Clinical Research Network Coordinating Centre (NIHR CRN CC), England
- National Institute for Health Research Information Systems (NIHR IS), England
- Medicines and Healthcare products Regulatory Agency (MHRA)
- National Offender Management Service (NOMS)
- National Research Ethics Service
- National Social Care REC
- Department of Health, England
- National Information Governance Board (NIGB)
- Administration of Radioactive Substances Advisory Committee (ARSAC)
- Human Fertilisation and Embryology Authority (HFEA) (will join June 2012)

Appendix 3

The Shared Services Programme – Update and plans for 2012/13

The HRA is committed to the shared service programme being driven by the DH. The following table demonstrates our progress.

Shared service programme area	Progress
Payroll	A new discrete payroll has been set up for the HRA with continued provision of service from Shared Business Services (SBS). Contract has been signed with SBS.
Finance and accounting	Services were historically provided through the National Patient Safety Agency which is due to close in 2012. It was imperative that financial systems were maintained and secure for the HRA during this period of change. A significant project to migrate services from the National Patient Safety Agency provision to SBS was started in the summer of 2011 in line with the direction mapped by the DH. A one year contract with the option to extend by a year has been agreed, project board and team established and considerable progress has been made to successfully migrate services with a 1 April 2012 start date. The overall service is currently expected to generate modest savings at the point that all staff have been transferred from hosts into the HRA, subject to details around the final DH ALB solution.
IT	Services will migrate for the HRA from the NPSA provider to the DH IT solution currently provided under contract with CSC (IMS2.1). A further migration will take place in September 2012 to the new IT solution under contract with ATOS (IMS3). The plans for IT have impacted on the timing of transfers of staff from hosts. A dual migration of IT services for front line research ethics committee staff has been kept to a minimum wherever possible. Final transfers of staff into the HRA to the final IMS3 solution will therefore take place in September.
HR	Transactional services provided by the NPSA will migrate to the NHS Business Services Authority in line with the direction set by the DH. A dedicated HR advisor will be retained part time for a fixed period to manage the final transfers of staff from hosts and to provide strategic advice to HRA management.
Occupational Health Services	Services will be provided under a new contract sourced by the DH, currently in final stages of roll out.
Internal audit services	A service level agreement has been agreed with the DH internal audit service in line with the shared services programme.
Estates	HRA is working closely with the DH estates service to

	maximise savings from the use of premises across the HRA. Our plans in this area expect to release savings by 2013/14.
Legal	Original advice had been that common legal services would be procured through a cross-government approach. Whilst arrangements were being finalised, a business case to contract for legal services for 2012/13 has been prepared and submitted. Necessary legal services will be procured through framework agreements.
Procurement	HRA will further develop its use of government frameworks to drive down costs and is working with the Procurement Centre of Expertise (PCoE). Progress has been made in the areas of training and archiving services. The HRA is joining the centrally procured contract for hotel and travel bookings from May 2012. The HRA has initiated a joint procurement project with the CQC and will seek to find other opportunities for collaboration with others. Investment in procurement support through a buying coordinator will be required, given the small team with the HRA. The HRA currently provides the IRAS on behalf of other IRAS partners.

Appendix 4

Government efficiency programme – controls assurance

Control measure	Assurance
Recruitment	The HRA has introduced internal controls to comply with DH guidance which places a freeze on all external recruitment except where it is frontline or business critical. No HRA posts fall within the front line classification. Business critical posts – a local recruitment committee (RC) has been established in line with the delegated authority to recruit to business critical posts. The RC consists of the senior management team of the HRA. The Interim Chief Executive of the HRA makes the final decision on each case based on the advice from the senior management team, and as required advice from the interim HRA HR advisor. The HRA has established approval guidance and agreed the approach with the DH sponsor department. A monthly report is provided to the DH Governance Assurance Committee on posts approved to proceed to the ALB internal recruitment pool or to recruitment.
Recruitment (contingent labour)	The recruitment control has been applied to all new appointments, including the use of temporary and agency staff. The status of the employment relationship is immaterial. The key is whether the post to be filled is frontline or business critical. The approval process described above applies whether the established post will be filled with a permanent recruit, a fixed-term appointment or a temporary/agency worker. For specialist or interim staff, recruited into roles that are not part of our established posts, these 'appointments' are covered by the rules controlling spending on professional services (below).
Communications, marketing and advertising	Cabinet Office approval is sought for all communications and marketing proposals greater than £100k. Expenditure under £100k requires that we work with the DH Communications Directorate to ensure it is consistent with Cabinet Office principles. HRA has a delegated authority for spending of up to £40k in respect of recruitment marketing activity subject to that spending being in line with centrally agreed contracting routes.

Consultancy	DH departmental approval is required for expenditure over £20k with re-approval on a three month basis.
Information & Communications Technology	ICT contracts with a value greater than £5m, and *any* new spend greater than £1m on systems that support administration must be approved by Cabinet Office. The HRA works closely with DH IS on all ICT developments to ensure alignment with standards and development of common services. In this respect, the HRA will continue to notify DH IS of ICT related expenditure greater than £100K for review and advice. This includes change controls or new orders to modify or extend existing ICT or ICT-based services.
Property	No new property leases or lease extensions are to be granted without Treasury approval. This means that all new property 'events' will need to be approved by the DH Property Asset Management (PAM) Board. HRA works closely with the DH Estates department.
Procurement	The HRA procures common goods and services from centrally approved contracts and frameworks. HRA participates in the shared services programme and initiatives to maximise scope for savings.

Note:

Compliance as per document: *Departmental Efficiency Measures, Arm's Length Bodies – Operational Guidance, August 2011*

Appendix 5

Headcount movement 2012/13

Headcount position as at Mar 2012

Description	Headcount	WTE	Cost (£'000)
Payroll HRA	26	25.75	1,344
Non payroll HRA temporary members of staff	5	4.03	93
Non payroll recharged permanent staff	113	103.54	3,458
TOTAL	**144**	**133.32**	**4,895**

NB Chairs Allowance treated as nonpay

Headcount position by quarter 2012/13

	Q1		Q2		Q3		Q4	
Description	Headcount	WTE	Headcount	WTE	Headcount	WTE	Headcount	WTE
Payroll HRA	52	45.21	145	130.98	139.00	127.47	139.00	127.47
Non payroll HRA temporary members of staff	5	4.03	3	2.53	3.00	2.53	3.00	2.53
Non payroll recharged staff	94	86.28						
TOTAL	**151**	**135.52**	**148**	**133.51**	**142**	**130.00**	**142**	**130.00**

NB Chairs Allowance treated as non-pay

Staff transfer plans

Bristol centre staff to transfer by 1st May 2012

Remaining centres by 30th September 2012