HEALTH RESEARCH AUTHORITY
BOARD MEETING

PART 1 – PUBLIC SESSION

Minutes of the Health Research Authority (HRA) Board meeting, held on 21 March 2018 at the Newcastle HRA Centre

Present		Initials
HRA Non-Executive and Executive Directors		
Teresa Allen	Interim Chief Executive	TA
Graham Clarke	Non-Executive Director	GC
Ian Cook	Director of Transformation and Corporate Services	IC
Allison Jeynes-Ellis	Non-Executive Director	AJE
Deirdre Kelly	Non-Executive Director	DK
Jonathan Montgomery	Chair	JMo
Karen Williams	Director of Finance, Procurement and Estates	KW
HRA Directors who attend the Board		
Janet Messer	Director of Approvals Service	JMe
Juliet Tizzard	Director of Policy	JT
In attendance		
Bill Davidson	Joint Head of Policy	BD
Stephen Tebbutt	Head of Corporate Governance	ST
Observers		
Katherine Guerin, HRA Eve Hart, HRA		

Item	Item details	Action
1.	**Welcome and apologies** The Board noted apologies from Janet Wisely and Nalin Thakker. JMo welcomed Eve Hart, the new HRA Head of Communications, to the HRA.	
2.	**Conflicts of interest** None to note	
3.	**Minutes of last meeting** The Board agreed the minutes of the last meeting were a true and accurate representation of the matters discussed without amendment.	

4.	**Matters arising** <u>HRA Endorsement of registries in England</u> The Board noted an update would follow in May. <u>Presentations / briefings regarding RECs for NEDs</u> The Board noted the presentations had not been provided as yet. The Board however agreed to withdraw this action and agreed a seminar considering the future direction of travel for the Research Ethics Service would be beneficial. ***Action: ST to add to Board seminar forward planner*** <u>Reasons for breaches and application of learning / guidance / training</u> JMe advised an update had been provided from Catherine Blewett and agreed to circulate this after the meeting. JMe however confirmed there were no major concerns and the numbers involved were too small to identify any particularly significant trends. ***Action: JMe to circulate breaches update after meeting***	**ST** **JMe**
5.	**Update from Chair** None to note.	
6.	**Update from Chief Executive** TA provided the following updated to the Board. Work with NHSE and ABPI has progressed and updated versions of the model agreements for commercially sponsored research in the NHS (mCTA and CRO-mCTA) were published in the 'Templates for supporting documents' section of IRAS on 1 March. These new UK-wide templates replace nation-specific versions. This work marks a significant step forward in terms of streamlining the contract negotiation element of site set-up across the UK health service. I would like to acknowledge the hard work of Alistair Nicholson and the team who have invested a significant amount of time collaborating and negotiating with a wide range of stakeholders to reach this point. Over the last few weeks the research systems (RS) team and a number of staff from each of the HRA directorates have been working with PwC to prepare for the procurement of a replacement for IRAS. We are currently looking at the government frameworks to establish which ones offer the type of suppliers best matched to our requirements and budget. The procurement itself is likely to be a collaborative exercise with the direct involvement of Government Digital Services. Our RS team has spent a number of days learning about "Agile" approaches to software implementation and we are currently expanding this training across the HRA so that as many staff as possible understand how we will need to work differently over the next 12 to 18 months to deliver the system changes. The RS team have been instrumental in helping PwC and the executive team draw up a number of critical documents to ensure that we understand the business needs and the risks.	

The HRA continues to play a key role supporting the research community to prepare for the General Data Protection Regulations (GDPR). We have had a positive response to communications that we have issued to date which are being updated as soon as new information is available but we are still awaiting the ministerial decision on the "opt out" arrangements. We have been working closely with NHS Digital to ensure alignment around communications where researchers have asked to access data through their systems.

We await the recommendations from the Select Committee hearing on research integrity and are currently focussing our efforts on actions that we can take around "Conflicts of Interest" and the guidance available to the Research Ethics Committees. This work will form part of our 2018 Transparency work plan and will be led by the HRA policy team alongside other proposals outlined in the Transparency - next steps document.

Our Brexit priorities have continued to be directed at the changes associated with the implementation of the Clinical Trials Regulations. There are a number of strands to this work but the most significant impact to date remains the joint work with MHRA on the IT systems and the training of a number of Research Ethics Committees who are involved in piloting the new process and documentation. As greater clarity emerges on the regulatory changes associated with Brexit, we anticipate that workload for ALBs arising from the DH exit board may increase. We have recently responded to a number of requests for urgent information from the ALB Brexit team.

The HRA and NIHR jointly commissioned Omnibus Survey on Public Perceptions of Health Research has recently been published and is available on the HRA website. The report of the findings written by Amanda Hunn shows some interesting differences between different social groups.

The HRA recently ran an emergency planning exercise supported by members of the Business Continuity team from NHSBT. We deliberately chose a scenario involving a ransomware cyber- attack to test our response and recovery plans. We will receive a report from our NHSBT colleagues in due course, which will be available to the Board and the Audit and Risk Committee.

External engagement activity

Contacts	Name of organisation	Purpose of meeting
Matt Westmore	Director NIHR	Monthly catch up meeting
Aishling Burnard CEO Liz Philpots	AMRC	Monthly catch up meeting
Karen Davies Programme Manager Jon Fundry COO	MHRA	To discuss alignment and Project Management for IT changes to support Clinical Trials
Arne Blackman	Turing Institute/Office for Life Sciences	To discuss AI case studies relevant to regulatory sector and consider how HRA specification for new IRAS

			should be worded to ensure that we do not lock ourselves out of this option.
	Prof Leon Feinstein	Director of Evidence Children's Commissioner	To establish how evidence models for research are developing in children's social care research and obtain insights relevant to adult social care.
	Research Integrity, Select Committee (observer)		To listen to the evidence session ahead of developing response from HRA
	4Nations meeting		Regular meeting with policy leads working to a UK compatibility agenda
	Experimental Cancer Medicines Centre hosted workshop		Workshop to consider challenges and opportunities relating to adaptive trial design
	ABPI hosted workshop Clinical Research from publication to practise –is it working?		Cross system Workshop to consider how best to respond to the challenges associated with the dissemination of research findings
	Dr Julian Walker	Director of R&D, Avon & Wiltshire Mental Health Partnership Bristol	To learn about the "everyone included" model for increasing participation of patients in Mental Health Research & hear about current activities
	NHS R&D Forum workshop		Adding Value in Research – development of framework
	NHS CEO Leadership Academy		Networking meeting with NHS Provider CEOs
	AMRC Patients First Conference		Pioneering partnerships with patients
	Meeting with Social Care Researchers		Insights meeting for HRA planning
	NHS Digital Research Advisory Group		Share information about work with NHSD including GDPR impact and support for research community

Planned Meetings
Universities UK Research Integrity Forum

The Board agreed it would be beneficial for TA to add a sentence detailing the benefits of these meetings in future reports.

Action: TA to add benefit of meeting with stakeholders to future CEO update **TA**

The Board noted other directors and senior managers held meetings with stakeholders and queried whether any learning or key points from these

	meetings could be shared with the Board and others in the organisation. The Board noted strategic work is due to take place in the summer to look at how we interact with our stakeholders and this suggestion would be incorporated into that piece of work. DK offered to be involved alongside JT and EH.	
7.	**HRA Directorate update** **Model Agreements** We are delighted to report that after a significant amount of work, the HRA, Association for the British Pharmaceutical Industry and the devolved administrations have published a revised version of the model Clinical Trial Agreement (mCTA) for commercial studies and the related Contract Research Organisation version. These templates were last updated in 2011 and were being increasingly modified by companies, with consequent impact on sign off of contracts between commercial sponsors and NHS sites. Following transition, the new versions are expected to be used unmodified by companies and to be accepted without negotiation of contract terms by NHS sites. This reduces risk for the NHS where previously there were concerns about accepting modifications, and provides a speedy consistent process for all parties. A new working group will oversee ongoing updates to avoid the need for such a significant level of re-negotiation of the templates in future. **HRA Approval** HRA Approval and CAG performance continues to be relatively stable, although the Christmas period and associated staff leave have impacted workloads. We have seen a slight increase in volume of queries over recent months, which we think relates to the publication of the UK policy framework. The roll out of joined up validation is now complete and the devolved administrations are now piloting the process. A pilot of joined up outcome of review, with just one set of queries back to the applicant, is starting at the end of March. We are already getting an increasing number of cases where the final approval from both REC and assessment is issued jointly. Also at the end of March we will begin testing the notion of setting a quality threshold for applications to proceed to REC review, so that the time of volunteer members is not wasted on reviewing and providing detailed and extensive feedback on poor quality applications. We continue to explore opportunities for greater proportionality. We are starting to identify categories of studies that currently go through Proportionate REC review (i.e. by a sub-committee) that could be removed entirely from REC review. The premise we are testing is that for some studies, the purpose of the review is only to provide assurance that there are no material ethical issues. However, analysis indicates that sub-committees are in reality spending time identifying minor quality issues, all of which take time and resource from both members and staff. We wish to test whether there is added value from REC review of these studies that could not be achieved more efficiently and	

	consistently by a simpler staff confirmation of no ethical issues. We have also been testing the concept of a reduced application package with a small number of researchers involved in NHS staff studies (i.e. studies not requiring REC review). These are often large scale evaluations of service delivery involving senior NHS staff as participants. This pilot is proving successful and so we are looking to extend the pilot further in collaboration with funders. The verification tool in IRAS mentioned in the previous update is due for release in mid-April. We will then assess whether it provides an acceptable and effective method of improving the quality of applications by automatically checking for completion and uploading of key fields and documents before allowing the applicant to submit. Should this prove useful, we will plan to incorporate a similar feature in our future development of IRAS. **NHS England Consultation on supporting research in the NHS** NHS England has completed their consultation on proposals to address ongoing issues across the NHS in England with Excess Treatment Costs for non-commercial studies and variability in contract value for contract commercial trials. We are working with them and the NIHR Clinical Research Network to finalise proposals for implementation by NHS England and the Clinical Research Network. **UK-wide NHS/ HSC compatibility programme** Health and Care Research Wales has announced that it will be taking an interim step ahead of full implementation of the Local Information Pack later in 2018. From 16 April, they will align their processes and paperwork so that there is consistency across England and Wales for researchers. HRA are supporting them with provision of our work instructions and staff training. Approval will be joint across England and Wales, and NHS sites in Wales will confirm capacity and capability using the same sequence and steps as in England. **Technical Assurance roll out** We are pleased to report that after extensive testing and discussion with colleagues across the UK, we are now rolling out the radiation technical assurance process across the UK. This new process will be led by the HRA on behalf of the UK and aims to improve the quality and consistency of research applications involving ionising radiation, reduce burden on the NHS, reduce site set up times and implement a standard research cost, making it easier for sponsors to request the correct amount of funding. We have undertaken the first round of recruitment of experts to join the panel of HRA Radiation Assurance reviewers. These will be Lead Clinical Radiation Experts (CREs) and Medical Physics Expert (MPEs), mostly based in the NHS. Radiation Assurance will have a phased implementation, with the first phase starting on 16 April 2018 and covering all oncology studies taking place in the NHS. Associated development of communications and guidance is underway. Roll out of pharmacy technical assurances will follow shortly.	

Learning and Development

The Learning and Development team supported the delivery of 90 learning events during 2017/18 – at local, regional or national level. These include 33 events for staff and 57 for volunteers/researchers. We now have 11 eLearning modules on our Learning Management System (LMS) with 3 more to go live at the beginning of April to provide essential training for new Technical Assurance reviewers. There is a programme of work planned for 2018/19 to significantly increase the level of online learning support for flagged RECs, to ensure they maintain relevant expertise.

The team is finalising the re-procurement of the HRA's LMS and events booking facility. We currently have two separate contracts and IT platforms for these functions, but are moving to an integrated system, with an enhanced facility to support online and blended learning. This procurement exercise has been through GDS and DH Procurement.

Combined Way of Working with MHRA

In addition to completing preparations to open the private pilot of a combined way of working between MHRA and Research Ethics Committees from April, we have been working up the timetable and requirements for information systems to support the subsequent move to an open pilot and full roll out. These processes will ensure that we are well placed regardless of the future regulatory landscape.

Collaboration & Development

The February meeting of the Collaboration & Development Forum heard from the Office for Life Sciences about the development of the Digital Innovation Hubs and the work of the NHS Digital Research Advisory Group on improving use of data for research.

REC Accreditation status update

As of 5th March:

South Central – Hampshire A	Full accreditation under 2016 scheme (after completion of action plan)
East Midlands – Derby	Full accreditation under 2016 scheme (after completion of action plan)
Wales REC 3	Full accreditation under 2016 scheme (after completion of action plan)
West Midlands – Coventry & Warwickshire	Full accreditation under 2016 scheme
West Midlands - South Birmingham	Full accreditation under 2016 scheme
London - Stanmore	Provisional (action plan pending completion)
London - Bromley	Full accreditation under 2016 scheme

Wales REC 5	Full accreditation under 2016 scheme
North West – Liverpool East	Provisional (action plan pending completion)
North West – GM West	Full accreditation under 2016 scheme

Communications

The new Head of Communications, Eve Hart, is now in post.

The HRA website has fully transitioned from the project team into business as usual. The content governance board, a cross-organisational team which will ensure that ongoing development meets business need and is true to the original principles, has met for the first time.

The team has provided communications delivery and support in response to Jonathan Montgomery's appearance at the Science and Technology Select Committee, as well as for workforce changes, recruitment of Radiation Assurance Reviewers and to promote the Omnibus Survey on attitudes to health research, carried out in partnership with NIHR.

Travel and Accommodation

A booking form has been designed and implemented for users to request travel and accommodation bookings from their bookers. It is hoped that this will create greater efficiencies around time taken by bookers to make a booking, as they will have the required information on the form in one go.

There has also been some tightening up around stating reasons for travel so that MI data yielded can be more meaningful over time and give a better organisational profile.

HR

The formal recognition agreement with Unison / MiP has been drafted and shared with Staff Partnership Forum for information and comment. The intention is to seek to finalise the agreement by end March

HR support is being provided with current changes - relocation of North East office, Finance and Corporate Secretariat organisational changes.

Public Involvement

The HRA Public Involvement team are working with young patient advocates and Jenny Preston (NIHR CRN Patient and Public Involvement Priority Lead) from the Generation R initiative to co-produce and facilitate two workshops on Public Involvement at the All-staff day on 25th April. The working title/abstract are as follows:-

- Creating a space for Public Involvement- Young patient advocates from the Generation R initiative will draw on their experiences of working with researchers to explain how public

	involvement works in practice. Exploring what impact their involvement has on research, why it matters, and how we can work together to push the Public Involvement agenda at the HRA. The HRA Public Involvement team are continuing to make progress on their Public Involvement in Ethical Review (PIER) work programme. In April, we will be issuing supplementary guidance for applicants which will offer guidance on what information on Public Involvement would be most useful for applicants to include in the current question on involvement (QA14-1) and five other main questions without the need to change IRAS. It is hoped that this will result in more useful and relevant information on Public Involvement coming through on applications to RECS and following release of the guidance, its uptake and impact will be monitored including its impact on REC decision making. **Programme Management Office** E-Learning modules are being designed for project management and benefits management. Business Planning - the PMO has contributed to the business planning exercise in particular helping to create a 'balanced scorecard'. The timesheet pilot and surveys have been completed. Analysis is underway and decisions on how to take forward are being made. Benefits mapping – good progress has been made with filling the gaps on the benefits map although there is still work to be done to identify all benefits and respective baselines linked with the Service Improvement/Research Systems Programmes. **National data opt-out programme** The national data opt-out programme will allow NHS patients to opt out of uses of information about them for purposes other than their direct care. It is now confirmed that the opt-out programme will be launched (in England) on 25 May, to coincide with the implementation of the General Data Protection Regulation. Patients will be able to opt out by answering one question about whether they wish their data to be used beyond their direct care, though the data to which the opt-out applies has yet to be fully defined. We continue to work through the programme board and programme advisory group, and with NHS Digital and partners, to co-ordinate communications and ensure that final policy decisions align with the approach taken by CAG. **Governance Arrangements for Research Ethics Committees** The new edition of GAfREC has now been reviewed by policy leads in the devolved nations and by the UKREDG and we expect sign off from the devolved nations in April. The document will be published soon after, at which time we will announce a later implementation date. This will allow the both research community and our own research systems and approval teams to prepare for	

	the new requirements. **Electronic consent** We have been working with the MHRA to develop new guidance for researchers on collecting consent via electronic means. We have now resolved one outstanding policy question around collecting consent from phase I clinical trial participants and are preparing a joint statement for publication. Our next step is to prepare for implementation with the Approval directorate and incorporate the new advice into our consent guidance for researchers. **GDPR preparation** The GDPR and forthcoming domestic data protection legislation gives exemptions to health research, so it is important that the research community understand what it does – and does not – need to do to prepare for implementation on 25 May. We have published study-level operational guidance to supplement the briefings we published at the end of 2017 and have been working with the MRC Regulatory Support Unit to prepare the research community. We are keeping both the organisational-level briefings and study-level operational guidance under review as the Data Protection Bill proceeds through Parliament and the ICO publishes further guidance. Further iterations of both are in preparation and will be published in the coming weeks. **GDPR preparation (internally)** Plans are in place to ensure we are compliant with GDPR and this work is being led by Stephen Robinson and the Information Governance Steering Group. NHS BSA who are data processors for our staff data have confirmed that they putting in place all that is needed to be fully compliant in time for the May deadline. We are now planning our staff communications and appropriate learning to ensure we continue to meet legislative requirements and that our staff continue to be aware of their responsibilities. **Emergency incident response exercise** Senior managers took part in a simulation incident exercise which tested our response to a ransomware attack on our research systems. The simulation was observed by members of the Business Continuity Team at NHS BT. A summary of the simulation and the management response will be brought to the next Audit & Risk Committee meeting. **2017/18 year-end accounts and audit** Preparations for the year-end annual report process are in line with expectations. The interim audit has been performed with no significant concerns and timetable for programme delivery on schedule. The key policy area for this year's audit will be consideration of the useful economic life for IRAS following our decision to replace IRAS in 2018. DHSC finance colleagues	

	have been notified of this potential change and have confirmed this is acceptable given the decision to invest in a new system. **Oracle: chart of account hierarchy and forecasting** Rationalisation of our chart of account in Oracle to provide improved analysis and simpler reporting is well underway. The new structure will be in place for 2018/19 financial year following discussions with executive team members to ensure the new reporting framework best meets their needs whilst also ensuring value is achieved. Forecasting functionality recently introduced in Oracle will be implemented for the HRA in 2018/19 to enable improved understanding of our financial performance against original budget and forecast. This functionality will enable our original budget and forecast to exist independently in the system allowing reporting against original budget as well as forecast. **Employee self service** Employee self-service for ESR (electronic staff record) has been rolled out to staff, enabling better access to their own personal data and also providing our staff with the ability to update their personal data directly without the need for unnecessary form filing and sign off. Pilot supervisor self-service is now planned to improve appraisal, asset register and absence reporting. **Procurement** There have been a number of activities supported by the finance team this quarter including: • RS procurement partner • Learning management system • Agile training partner • Printer sourcing for regional offices **Estates** The Jarrow office move to NHS BT blood centre has taken place and (at time of writing) has been delivered well meeting all key deadlines / requirements. The Board will be able to see these new facilities at their Board meeting on March 21st. It is a great example of ALB cross working, sharing costs (approximately £35k/annum) and has secured quality offices for our NE regional office. Congratulations to all those involved in the making the move happen. **Internal Audit** The financial control internal audit has been rated as substantial – a great endorsement of the team and the robust system of internal control they ensure is in place.	
8.	**HRA Staff Survey 2017 response**	

	The Board noted this item had originally intended to include a discussion with staff forum representatives however unfortunately the majority of representatives had been unable to attend. The Board valued the discussion with representatives last year and agreed, if possible, to identify some time to discuss the findings with the representatives, potentially at the All Staff day in April. The Board was assured there had been a comprehensive discussion at the staff forum meeting earlier this month. The Board noted the main focus of the discussion with representatives at the staff forum had been regarding filling vacancies, which has also been discussed at the Transformation Board and Leadership Team meetings. A number of steps have already been put in place such as a change to the recruitment process to ensure a sequence of recruitment is considered for those posts where it is possible an internal candidate will be successful resulting in a gap elsewhere in the organisation which needs to be filled. The Board discussed the workload results and noted the findings highlighted that workload pressures were being experienced by some staff within the organisation. The Board understood the pressures, particularly during an ongoing period of change, however was pleased to see the management team has identified ways to improve the situation through a reduction in bureaucracy. The Board welcomed further analysis to understand the granularity of workload levels and whether any additional actions need to be identified by management. The Board noted the difficulty in assessing the 'managing poor performance' question as the results are based on perception and seem to be linked to how an individual may see their performance in relation to others. The Board agreed it would be helpful if a benchmark for active disagreement to the question could be obtained for future surveys. The Board agreed it would be helpful to receive assurance via a verbal confidential briefing detailing case studies where poor performance has been identified and how these have been managed. ***Action: JMe to provide verbal briefing to Board on case studies for managing poor performance*** The Board agreed the staff survey results were largely positive and accepted by the management responses. The Board looked forward to discussing the results with staff forum representatives when the opportunity arises.	**JMe**
9.	**Service Improvement Programme update** IC presented an update on the Service Improvement Programme to the Board. The Board discussed the wider research community and whether we could demonstrate the benefit the HRA adds to others. The Board noted JMe had previously produced quarterly snapshots which were helpful. JMe clarified there are arrangements in place with NIHR to share when the first patient is recruited which is then used to develop the quarterly snapshots. These do show that research is able to begin sooner with the implementation of HRA Approval however the data is not particularly robust and relatively hard to produce. The Board agreed it would be helpful to better understand timelines where	

	possible, noting industry would collect much of this data also. The Board was aware of anecdotal feedback regarding delays to timelines and JMe and AJE agreed to discuss offline. ***Action: JMe and AJE to discuss industry metrics and perceptions*** The Board discussed whether the R & D forum was at an appropriate point and medium to demonstrate the improvements made. JMe agreed to discuss further with EH. ***Action: JMe to discuss with EH regarding R & D forum presentation***	**JMe/AJE** **JMe/EH**
10.	**Research Transparency: Next Steps** The Board received and noted the paper which sets out the HRA's continued work on improving research transparency to protect and promote patients' and the public interest in research. GC flagged patents were another source of transparency which could be added to the paper. The Board noted the generally positive registration and publication rates for the commercial sector and questioned whether any of the principles could be applied to other sectors. The Board agreed it is important expectations and requirements are clear for all sectors. The Board discussed the principle of considering past performance in terms of registration and publication as part of the REC approval. The Board was supportive of considering this further however noted there were certain issues which would need to be explored. The Board discussed whether sponsors should insist on publication as part of funding and how any potential sanctions regarding past performance would work. The Board recognised the importance of listening and understanding the views of research participants also. The Board noted the compliance rate of submitting a final report to the REC was particularly low at only 30% and agreed this should be improved. The Board recognised new IRAS should be able to resolve this relatively easily however the HRA does need to consider what it does with the final report (and annual reports) once received. The Board supported the proposals to increase publication and access to summary of data and the exploration of further registration requirements to promote transparency. The Board agreed it would await the findings of the Science and Technology Select Committee however a partner conference would be beneficial to consider how the issues can be tackled and improved by the HRA and other partners. ***Action: JT to consider next steps with Policy team and provide update at future meetings***	**JT**
11.	**Performance Report Quarter 3 2017/18 including Finance report** The Board received and approved the performance report for Quarter 3. The Board noted there had been a slight reversal in the downward trend in calendar	

	days from REC final decision to HRA Approval however was assured this related largely to the festive period and a new validation method being released. The Board was assured the latest figures showed the trend had improved once again. KW advised plans to make the report more dynamic, including how it is reported on the website, are underway. The Board was pleased to note the positive performance for Quarter 3.	
12.	**Corporate Risk Register Quarter 3 2017/18** The Board reviewed and noted the Corporate Risk Register for Quarter 3. The Board noted the Audit and Risk Committee had reviewed the register at its last meeting and had requested the risks on the research systems directorate register be reviewed to ensure they are appropriate and escalate any to the corporate register as required. ***Action: Research Systems team and Leadership Team to review systems risks***	**IC**
13.	**Non-Executive Director portfolios** The Board reviewed and approved the NED portfolios. The Board noted the portfolios would mirror the HRA's strategic aims as follows:	
14.	**Summary of 14.02.2018 Audit & Risk Committee meeting** The Board noted the summary of business conducted at the last Audit and Risk Committee meeting. GC flagged two Health Group Internal Audit Service audit reports had been circulated out of session; the Key Financial Controls audit which received a substantial rating and an advisory follow up of recommendations which concluded there are satisfactory arrangements within HRA to provide the Audit & Risk Committee with accurate reports concerning the progress of recommendations.	
15.	**Out of session business conducted / External areas of interest since previous meeting** The Board noted the following out of session business / external areas of interest since the last meeting:	

Strategic aim		**NED**
1.	Championing health and social care research	DK
2.	Making it easier to conduct high quality research in the UK	NT
3.	Developing a pro-active, strategically focused organisation	JMo
4.	Capitalising on technological developments	GC
5.	Ensuring the HRA is governed effectively and provides value for the tax payer	AJE

	- Chair's Action was taken to approve the Future Service Programme as the IMS3 Replacement following the recommendation of the Audit and Risk Committee. - Secretary of State for Health and Social Care revised ministerial portfolios circulated for information - Joint report by the BioIndustry Association and the Medicines Discovery Catapult 'State of the Discovery Nation 2018' circulated for information - 'Securing cyber resilience in Health and Care: a progress update' circulated for information - Research integrity and research system updates circulated for information - Wellcome's recommendation from the Future Partnership Project 'Building a strong future for European Science: Brexit and Beyond' circulated for information	
16.	**Any other business** <u>Unison</u> The Board noted the HRA is due to sign a formal partnership agreement with Unison to start in April.	
17.	**Questions from the public** None to note	
18.	**Date of next meeting** 16 May 2018, London	