# Chief Executive Officer Report to the Board September 2020

## Part 1 Public session

1. **Learning from COVID-19**

During the last few weeks we have been looking ahead to the end of the transition and considering what we have learned from our experiences during the pandemic that we want to do differently once we leave the EU to meet our ambition of making the UK a great place to do research. Our staff and our volunteers have all had to adapt to a virtual way of working and as we can see from our user satisfaction scores, the service they have provided has been outstanding. This has been made possible because everyone has worked extremely hard to meet the much shorter timelines for urgent public health research and I would like to thank everyone for this incredible effort.

However, like many organisations, we have had to take some difficult decisions about our priorities. Since March, we have only been able to support applications from PhD students. This has reduced the workload significantly and helped staff and volunteers to focus their efforts on approving over 500 new COVID study applications. Our expert panels and ethics committees have all been working virtually, this has helped to avoid a significant investment in sourcing and assuring the safety of numerous venues to meet COVID-19 secure guidelines.

Amongst many other things, we have learned that work last year to integrate the Health Research Authority (HRA) teams into a single approval’s directorate have served us well. We have learned that our collaborative partnership work with Medicines & Healthcare products Regulatory Agency (MHRA), National Institute for Health Research (NIHR) and the devolved administrations on a compatibility agenda has been hugely beneficial as we had the relationships and processes in place to switch on and align our urgent review processes. We have learned that providing advisory support ahead of and throughout the application process has helped to improve the quality and success rate of submissions. We have learned that simplification of shorter more focussed application processes is possible, and we have seen some excellent examples of how to do this well which we can use for future case studies. We also learned however that involving patients in the design of studies at speed was thought to be “too difficult” by some researchers who cut out this critical step. This led to a rapid establishment of a new service to support applicants. We also learned that we have the expertise to switch on service changes very quickly with minimum fuss.

We now plan to engage with our volunteer members and our staff to consider how we move forward and translate some of this learning into a new service offer for the future recognising that we will still be living with the COVID-19 virus which will continue to drive new applications and a rise in normal research activity as the hospitals and research community start to re-introduce non COVID-19 related research activity.

1. **Research Systems outline business case**

We are now progressing the procurement stage for the complete transformation of the HRA’s Research Systems. This work will need to be completed by the end of October so that we can submit the full business case for which we have outline approval through the various government departments and agencies in November for consideration at December’s Investment Committee.

1. **New Chief Digital Transformation Officer appointment**

I am delighted to share the news that we have appointed Kurt Weideling to this post and we expect him to join us at the end of his notice period in early November. Kurt is currently the Chief Information Officer and Director of Information Systems and Digital Services at Manchester Metropolitan University (MMU). He has worked with the research community in a number of his previous roles including the commercial research sector.

1. **HRA Annual report and accounts 2019/20**

These have now been signed and are ready for submission**.** These are due to be laid before parliament on 29th September

1. **External engagement activity**

These have now been signed and are ready for submission**.** These are due to be laid before parliament on 29th September

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| Meeting | Purpose of meeting | Outcome |
| Department of Health & Social Care (DHSC) Co-ordination of Covid Research Response | Weekly call with DHSC, NIHR, NHS England, Task Forces, MHRA and National Institute for Health & Care Excellence (NICE)  | Co-ordination of activity to support restart and to agree actions and next steps |
| 4 Nations Policy Group Meeting | Shared approach to UK Policy agenda | Discussion and agreement on compatibility agenda and policy changes  |
| NHS Leadership Academy Talent Board with Arm’s Length Bodies (ALB) CEOs | To ensure that the ALB family has a talent pipeline for leadership posts | Discussion of challenges facing CEOs during COVID and investment in a coaching and mentoring platform across the ALBs  |
| NHS Digitrials | To receive an update meeting for Digitrials programme and provide input | Digitrials has been instrumental in supporting outcome data for COVID including RECOVERY – Team has been recruited for further phases and engagement activity is ongoing with PPIE embedded throughout |
| CEO meetings withAllan Marriott- Smith Human Tissue Authority (HTA) and Peter Thompson Human Fertilisation & Embryology Authority (HFEA) | Shared interest agenda across ALBs  | Agreement on areas of common interest where we will work together including shared learning from COVID |
| Calls with Gatenby-Sanderson and a number of CEO candidates | To progress CEO appointment | Advertisements have now been placed. Dates set for shortlisting, assessments and interviews. |
| Call with William Warr (Downing Street) | To discuss UK approach to Clinical Trials once the transition period is complete | Further development of proposals |
| Global Advisory Board  | To receive an update and provide input on progress | Further development of proposals |