# Chief Executive Officer Report to the Board November 2020

## Part 1 Public session

1. Research Systems Business Case and team changes

I would like to offer a warm welcome Kurt Weideling our new Chief Digital Transformation Officer who started with the HRA on the 2 November. This is a significant appointment for the HRA and the future of the Research Systems programme which will replace both Integrated Research Application System (IRAS) and HRA Assessment Review Portal (HARP) with more user friendly and intuitive modules on our new Pega platform. Kurt will lead the development of our future Digital Strategy and has already started to build relationships with the Chief Digital Leads for both Medicines & Healthcare product Regulatory Agency (MHRA) and the National Institute for Health Research (NIHR). The induction process is well underway and has included introductions to a number of key partners and suppliers as well as to team members across the HRA.

A significant amount of effort has gone into the completion of the comprehensive, full business case for the next phase of development which has now been submitted to the Department of Health and Social Care (DHSC). The procurement process to find a new supplier is complete with an anticipated start date of February 2021 if the business cases fulfils the requirements for the final stages of approval.

1. Business Planning for 2020/21

Final adjustments have been made to the Business Plan to accommodate our planned capital investments for the year. The HRA Transformation programme has expanded as we have taken the opportunity to use the lessons learned from COVID-19 and built these into the first phase of a new Research Review Programme. Members of Karen Williams’ (Deputy Chief Executive & Director of Finance) and Ian Cooks’ (Director of Transformation and Corporate Services) teams are currently undertaking a series of governance checks and balances to ensure that we have effectively prioritised all of our work and understand the interdependencies between programmes. Alignment of resources to work packages including additional support to front line services is a key part of our risk mitigation strategy. Our current three- year Transformation Programme which Ian will talk about today includes a number of interconnected work packages some of which need to be carefully aligned and resources allocated at a time when we do not yet have the outcome of the comprehensive spending review. To support the business planning process, we have started recruiting a number of posts across all HRA directorates to ensure that the programmes have both strong governance and to minimise disruption to front line services.

1. Comprehensive Spending review

HRA has worked with Emma Lowe in the DHSC team to ensure that our bids within the Comprehensive Spending Review (CSR) are aligned with other bids from NIHR and MHRA as part of a system wide response. HRA are drawing up two sets of plans in case our applications are not successful. This will necessitate further adjustments to the Transformation Programme within year and we will need to ensure that the board is kept up to date with changes which add or remove work from the programme.

1. UK Transition

HRA have confirmed to DHSC that we believe we have taken all necessary actions ahead of the end of transition on 31 December. Once final negotiations have concluded, we may need to signpost researchers to updates from either the MHRA or the government websites highlighting final guidance.

5. COVID-19 response

Terence and I recently received a note from Professor Chris Whitty, the Chief Medical Officer (CMO) and DHSC Chief Scientific Adviser thanking the HRA for its response during the pandemic and we are currently working out the best way to cascade this to our volunteers as well as staff. Our volunteers have been instrumental in the ethics review and approval of over 500 COVID-19 research applications to date. HRA has also benefitted from a significant amount of advisory support from members of the Confidentiality Advisory Group (CAG) on studies which involve data.

HRA has notified all staff that we will continue to operate virtually until 31 March 2021 and we will review this decision again in February. This was precipitated by the latest lockdown announcement and means that we will not have much of a presence in our new offices at Stratford or in Bristol until we can ensure safety for larger numbers of staff to return to offices. This has presented some particular challenges around the space utilisation plans as we need a level of flexibility to create enough opportunities for people to use the space creatively when they do come together.

HRA has set up a new ethics committee to support COVID-19 vaccine challenge studies in the event that we are called upon for such an ethics review.

Research restart. The feedback from researchers on the ground suggests that this is still proving extremely challenging. HRA is still approving studies but it is recognised by many applicants that these may not start immediately.

I have recently received a communication raising concerns about the lack of COVID-19 research involving pregnant women in particular which we will discuss further with funders.

6. Volunteer Member experience during COVID-19

We have had a good response to a survey that have recently issued to our volunteer members to gain insights to their experience of working virtually. The survey identifies a number of areas where members would value further action and support, which match the ones that we are already working to address. Further analysis and engagement will support longer term plans. We have had positive feedback that virtual meetings have been welcomed by research applicants. At a number of recent meetings, the use of Zoom has enabled applicants to have been supported by additional members of their teams allowing more questions to be answered on the day. It is clear from general feedback, that our volunteer members do miss some face to face and more social interaction and we are already considering how best to offer this when the risks of the pandemic are significantly reduced and we can do this safely.

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| **Stakeholder engagement activity** | **Purpose of meeting** | **Outcome/discussion points** |
| EU exit-Ministerial Meeting | To provide assurance that plans are in place to support the end of the Transition period | HRA has completed its planning. Some negotiations are still ongoing and we will continue to work with MHRA to ensure that communications to researchers are aligned |
| Meeting with June Raine CEO & Stephen Lightfoot Chair of MHRA | Introductory meeting and to discuss a number of shared interest agenda items | Joint ambition to complete current phase of Combined Ways Of Working (CWOW) project asap so that this work is completeBoth organisations highlighted other potential areas for joint working including virtual advisory support services to be followed up in another discussion |
| Meeting with William van’t Hoff NIHR CEO | Regular monthly catch-up meeting | Agreement to follow up on a number of opportunities for reducing burden on research applicants.  |
| CMO UK Clinical Research Collaboration (UKCRC) Board | Regular quarterly meeting | Main discussion points were the impact of COVID-19 on Health and Care Research and EU-Transition  |
| Meeting with Professor Sir Chris Day Office for Strategic Coordination of Health Research (OSCHR) | Introductory meeting | We provided an update on latest HRA developments and will be invited to a future meeting |
| Research Ethics Committee (REC) Meetings | W. Mids -Coventry & Warwick,Nottingham 1,Preston, | To experience virtual REC committee meetings and take action back into HRA where required |
| Phase 1 Advisory Group | Observer | Positive feedback was provided to Juliet Tizzard who gave a presentation on the Research Review programme |
| Digitrials | Stakeholder member | To provide HRA input as required |
| HRA Round Table discussions | To discuss ideas & collect input from key stakeholders | Positive discussion to inform next steps for research review |