

Management in Confidence

HRA Board meeting minutes (Part 1 – public session)

Date:	24 July 2019	
Time:	1.00pm – 3.00pm	
Present:	Teresa Allen (TA)	Chief Executive
	Ian Cook (IC)	Director of Transformation & Corporate Services
	Richard Cooper (RC)	Non-Executive Director
	Graham Clarke (GC)	Non-Executive Director
	Professor Andrew George (AG)	Non-Executive Director
	Dr Nicole Mather (NM)	Non-Executive Director
	Dr Janet Messer	Director of Approvals Service
	Professor Sir Jonathan Montgomery (JMo)	Chair
	Juliet Tizzard (JT)	Director of Policy
	Karen Williams (KW)	Director of Finance, Procurement & Estates
In attendance:	Chris Cannaby (CC)	Head of Approvals – Operations Division
	Mary Cubitt (MC)	Research Systems Programme Director
	Katherine Guerin (KG)	Deputy Director Corporate Services
	Will Navaie (WN)	Engagement Manager
	Stephen Tebbutt (ST)	Head of Corporate Governance & Risk
Observers:	Christine Holmes	Department of Health & Social Care
	Helen Sivey	HRA, Public Involvement Officer
	Dr Naho Yamazaki	Future HRA, Head of Policy & Engagement
Apologies:	None	
Venue:	Bristol Health Research Authority Centre, Level 3, Block B, Whitefriars, Lewins Mead, Bristol, BS1 2NT	

No.	Record of discussion	Action owner
1	<p>Welcome, introduction and apologies</p> <p>No apologies were noted.</p> <p>The Board welcomed Dr Naho Yamazaki who would be joining the HRA as the new Head of Policy and Engagement in September.</p>	
2	<p>Conflicts of interest</p> <p>None to note.</p>	
3	<p>Review of minutes from meeting held on 15 May 2019</p> <p>The Board agreed the minutes of the last meeting were an accurate representation of matters discussed without amendment.</p>	

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4	<p>Review of actions from previous meeting / matters arising</p> <p><u>Business plan</u> The Board noted a minor update had been made to the HRA Business Plan for 2019/20 to rectify a typographical error (a date clarification).</p> <p><u>Staff survey action plan update</u> On agenda.</p> <p><u>Update on visits to regional offices</u> On agenda.</p>	
5	<p>Update from Chair</p> <p><u>Fraud, bribery and corruption</u> The Board noted the Cabinet Office has introduced new functional standards for fraud, bribery and corruption. A return is required by early September confirming the HRA has or will conform to the standards. The Board gave delegated authority to the Audit and Risk Committee to oversee the HRA's return.</p> <p><u>Westminster Health Forum policy conference: Regulation of medicines, clinical trials and medical devices in the UK</u> The Board noted JMo had spoken at the forum regarding the '<i>Key issues for the transparency of clinical trials and maintaining public trust</i>'. NM and Simon Kolstoe had also presented at the forum.</p> <p><u>Oxford Innovation Society</u> JMo advised he had attended the Oxford Innovation Society meeting on 24 June which featured a discussion regarding Artificial Intelligence and its adoption by the NHS.</p> <p><u>Staff forum</u> JMo informed the Board he had attended the recent staff forum on 12 June 2019 in Newcastle.</p> <p><u>HRA Chair recruitment</u> The Board noted the interviews had been held and the successful candidate would be announced in the near future.</p>	
6	<p>Chief Executive update</p> <p>The Board noted the following update from TA:</p> <ol style="list-style-type: none"> 1. The HRA annual accounts have been submitted to be laid before Parliament and the communication links are all ready for publication. 2. HRA has been involved in a number of round table discussions over the last two months focussing on initiatives which will make the UK an attractive place to place clinical trials once we leave the EU. 3. The DHSC "no deal" planning meetings will now re-assess everyone's state of readiness in advance of the 31st October deadline. 	

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	<p>4. A consultation has started across Policy and Corporate Services directorates to bring the communication and engagement teams closer together to support the emerging strategy for our work in this area including our Public Involvement work. Discussions with staff and the union started on the 8th of July and if the management proposals are accepted staff will move at the beginning of September.</p> <p>5. There is still more work to do in the Approvals directorate to take the workload pressure off staff. We are currently looking at a number of options to support staff while we work through the additional changes that will be required to ensure that staff do not feel overwhelmed.</p> <p>6. During the last few months, the board is asked to note that we have seen a rise in the number of Freedom of Information requests and third-party concerns raised regarding the presentation of risks to research participants where the studies pre-date the establishment of the HRA. These are creating a considerable additional workload as we have had to secure these documents from the researchers themselves. A clear archive policy was put in place when the HRA was established so this will be time limited and we will look at this area again to establish whether we need to make any further change our policy.</p> <p>7. A significant amount of work has been invested in joint planning of the next phase of the Research Systems programme as we transition to HRA leadership of the development. This includes further work with the MHRA whilst we aim to align both organisations. The resource planning and procurement has proven to be particularly challenging and the programme status will remain red until this specific issue is resolved.</p> <p>8. The HRA has today submitted its estates strategy to the board for approval. This aims to align with Government Property Services plans to host government services in HUBs. We are also submitting our proposals for the first move under these proposals which is to relocate our office at Skipton House to Stratford. As the HRA is an NHS organisation, we need to ensure that our staff are not disadvantaged by this move financially and we have included mitigations to that effect. It should be noted that these moves will incur additional costs for the HRA and project management resource.</p> <p>9. Following my return from sick leave I have now rebuilt regular office visits into my diary so that I can have open door sessions with staff allowing them to share how they are feeling post the restructure and for me to take staff ideas back to managers. It is clear that staff would value an increased presence from the SLT at a time when workload pressures remain high and that we need to improve the feedback that we are providing on the timelines for introducing changes that staff have asked us to look at.</p> <p>10. A significant amount of detailed planning has been undertaken to ensure that the next phase of the new IRAS build is a success now that Pega have left. The HRA RS team have been very pro-active but we still have had major challenges with resources.</p> <p><u>Modern Slavery Registry</u> TA informed the Board the HRA will be publishing a Modern Slavery & Human Trafficking Statement, as required under the Modern Slavery Act 2015, on our website.</p> <p><u>Cross agency working</u></p>	

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	<p>The Board noted the significant challenges associated with cross agency work when developing software and a new DHSC led oversight group has been put in place to ensure that there is strong governance and to address risks, issues and challenges.</p>	
7	<p>Directorate update</p> <p><u>Approvals</u></p> <p>HRA Approval</p> <p>The Board will be updated on activities supporting the significant workforce and process changes in the Approvals Operations and Support divisions over recent months.</p> <p>We recognise the enormous commitment shown by staff in continuing to try and deliver the best possible service to the research community, and to protecting and promoting the interest of patients and the public during this change. Inevitably different individuals have been affected differently, as a result of their previous role and experiences and the new roles they have been allocated to. The divisional management team have endeavoured to ensure appropriate support is in place to help staff manage the transition and to work through the changes they are having to make to their ways of working and activities.</p> <p>Plans are already being taken forward for further work in the operations division to further streamline processes. Many of these are activities that we had not been able to implement until the new structures were in place and bedding in. Feedback from staff and active review of processes is leading to further suggestions. These all need considering in the context of our desire to achieve as much consistency as possible across the UK for the research community. We are also conscious that changes that reduce workload are nevertheless more changes for staff to learn and implement, so need careful roll-out.</p> <p>The Approval Support division is making progress on identifying and improving areas in relation to member recruitment and meeting quoracy, now that we have a mechanism for central oversight and action.</p> <p>Programme activities</p> <p>UK Local Information Pack</p> <p>The new UK processes and common document set for setting up research projects and NHS/HSC sites across the UK went live on 5 June. The pack reintroduces consistency of documents used across the UK, with the new Organisation Information Document replacing the Statement of Activities in England and Wales and the NHS Site Specific Information Form in Scotland and Northern Ireland, and the Schedule of Events Cost Attribution Template (SoECAT) or IRAS Schedule of Events (as appropriate to the study) now in use in Scotland and Northern Ireland, as they have been in England and Wales under HRA and HCRW Approval. Greater consistency of process has also been introduced, e.g. both non-commercial and, commercial studies now use an Organisation Information Document (albeit different versions tailored proportionately to their needs), the submission of Organisation Information Documents and Schedules of Events in IRAS is now common across all UK nations and Northern Ireland have adopted 'Assess, Arrange Confirm' terminology in place of 'NHS/HSC Management Permission'. Areas of inconsistent process remain, principally Scotland's retention of 'NHS Management Permission' and different triggers for the release by sponsor of the Local Information Pack to site/s (in England and Wales this is the</p>	

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	<p>release of the Initial Assessment Letter and in Scotland and Northern Ireland this is the validation of the IRAS submission). Work is progressing to address these inconsistencies alongside other UK wide work.</p> <p>Excel Amendment Tool</p> <p>The tool has been developed to guide sponsors in determining which review bodies need to see amendments (MHRA, REC, etc.) and to provide a categorisation of the amendment (relating to level of review required by local R&D offices) and a triage as to whether the amendment requires further review against the UK Study Wide criteria. As such the tool should enhance consistency and remove considerable work pressure from the teams currently responsible for categorisation and triage. It should also support amendments in the CWOV pilot, which are submitted to MHRA and passed on to REC/UK Study Wide review only when deemed appropriate. If successful, it is intended to build the logic from the tool into the new IRAS.</p> <p>Development and testing of the tool continues. 'Alpha' testing successfully completed in June and the tool is now in 'Beta' testing, with a wider group of commercial and non-commercial parties from across the UK applying the tool to recent amendments. A decision on when and how to launch a live pilot of the tool will be taken subsequent to Beta testing at the end of July.</p> <p>Participant Identification Centres</p> <p>Template commercial and non-commercial contracts, to be used between research sites and PICs have been agreed UK wide and published. Work continues to monitor the uptake and impact of these additions to the suite of UK model agreements.</p> <p>Master Indemnity Agreement (MIA)</p> <p>The MIA provides insurance backed indemnity for equipment loaned or gifted to the NHS and has historically been widely used by research sponsors and their suppliers to supplement the study indemnity arrangements to cover equipment (e.g. ECG machines, centrifuges, etc. and increasingly, tablet computers and similar). This supplementary insurance has often been used as it provides public and product liability cover damage or loss of property, backed up by the equipment supplier's insurance, that normal clinical trial insurance does not provide. Without consultation with HRA or other stakeholders DHSC Commercial Division revised MIA at the end of 2018 to state that it is not applicable to research and we have been negotiating with them, since being made aware of this by a commercial sponsor, to revoke this revision for an interim period to allow us to make alternative arrangements (e.g. work with commercial sponsors to revise the indemnities provided in the model commercial agreements whilst managing the implications of this for the type and level of insurance companies, or their suppliers, should hold). We have requested support from our DHSC sponsors in persuading DHSC commercial of our case. We understand that a Director level conversation within DHSC is in planning.</p> <p>Learning and Development</p> <p>All staff now have 2 days (or pro rata) study leave and a day to visit another organisation (external experience) as part of their personal development offer. This is in addition to mandatory and team learning provision. Interest-free study loans are also now available to staff who want to pursue an externally provided course linked to their career journey. A series of day courses for new line managers are underway, facilitated by NHSBT. These are being run at the Bristol, Newcastle and London offices. The L&D team is working with the Leadership Team to establish the details of</p>	

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	<p>a two-year staff leadership development programme, which will offer all staff the opportunity to opt into a new learning opportunity.</p> <p>The Learning Management System (LMS) has now been live for 6 months and had over 14,500 hits. The team is working with the developers to review the current layout of the LMS and, based on feedback, optimise the user journey. Two new eLearning modules on Research Tissues Banks will be signed off by the end of July.</p> <p><u>Policy</u></p> <p>Research transparency</p> <p>Our research transparency work has stepped up since the May Board meeting. On 17 June, we launched the public consultation under the new campaign name Make it Public. The consultation, which will run until 6 September, consists of five public workshops around the UK, staff workshops, a webinar for REC members and an online survey. It seeks views about a number of plans and proposals to improve transparency, focussing on registering clinical trials, making results public and giving study participants access to information about the findings.</p> <p>The consultation has been very well received. Thanks to the efforts of the Communications team, members of the expert group and partner organisations promoting the Make it Public name, we have had lots of registrations for the workshops and over 150 responses to the survey so far.</p> <p><u>Finance</u></p> <p>Year-end</p> <p>Annual report and accounts for the year-ended 31 March 2019 have been approved and laid before Parliament before summer recess. Working with the communications team, we published the Report and Accounts on our website in html – an accessible format- as part of our preparedness to meet new website accessibility requirements.</p> <p>Away day</p> <p>The finance team spent two days in Nottingham on a ‘task and finish’ away day. In addition to a review of 2018/19 achievements, lessons learnt and planning for 2019/20, the team focused on updating our policies and procedures (responding to the assurance framework review) and implementing the finance retention schedule (over 60% of folders updated). The structure worked well and future days have been set aside to complete this work.</p> <p><u>Procurement</u></p> <p>RS Programme</p> <p>Agreement has been reached with DHSC commercial team to provide dedicated commercial capacity to support the programme during the next key stage of the process. QA and Test capability has been secured through the DOS framework. BA capabilities were not secured through this route and alternative options are now being considered.</p> <p>Facilities management procurement exercise is now live for three of our properties – Bristol, Manchester and Nottingham. The process has been led by the Deputy Director Finance, with support from Crown Commercial and DHSC commercial. The contract</p>	

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	<p>will provide much needed facilities management capacity as well helping the HRA meet statutory compliance.</p> <p>Estates</p> <p>The estates strategy has been revised and is presented to the Board for approval. This strategy builds on our existing strategy, reflects government priorities and has been informed by staff consultation.</p> <p>Cabinet Office has approved the HRA's approach to meeting the 'Places for Growth' government priority. Cabinet Office will continue to monitor our presence in London but is satisfied with our current approach, including proposed relocation to Stratford.</p> <p>London office move including the package of support for staff has been agreed by LT and will be presented to the Board for approval. In the meantime, we are planning to reconfigure Skipton House space over the Summer to better meet programme and operational requirements.</p> <p><u>Corporate Secretariat</u></p> <p>Information governance</p> <p>Information Governance and Security Annual Report has been signed off by LT and will be presented to Audit and Risk Committee in August.</p> <p>An organisation-wide HRA retention policy has been produced, collating all existing policies into one, and has been compared to the Records Management Code of Practice for Health and Social Care 2016. This will be reviewed as part of our transparency work to ensure alignment with strategy and then we will set to work ensuring that the policy is implemented across all information assets.</p> <p>Fraud, bribery and corruption</p> <p>New functional standards have been produced by Cabinet Office for fraud, bribery and corruption. The HRA has pulled together an action plan to meet these standards including adopting the DHSC strategy and revising our policy to meet the standard. This work will be presented to Audit and Risk Committee in August for approval (on behalf of the Board).</p> <p>ICT infrastructure</p> <p>Plans to implement WIFI across all our regional offices are being developed and expect to be rolled out over the coming months once procurement is complete.</p> <p>Following the successful implementation of Windows 10 across the HRA we are now planning to roll out Exchange on Line and move away from NHS mail by the Autumn.</p> <p>The HRA continues to be an active participant in the Future Services Programme which aims to replace our current out-sourced ICT infrastructure contract with a SIAM model (service integration and management) where the supplier management is bought back 'in house' to improve performance, value and control. It is anticipated that the service desk functionality will move to the new model early in 2020 with many of the other core functions transitioning during 2020. A Contract Change Notice has been agreed with the incumbent supplier Atos to ensure good service is provided throughout this time.</p>	

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	<p>RECs audited by Quality Assurance Team</p> <p>RECs accredited under 2018 Accreditation Scheme</p> <ul style="list-style-type: none"> - North West – Preston - London – Dulwich - South East Scotland REC 1 - South East Scotland REC 2 - West of Scotland REC 4 <p><u>Corporate Services</u></p> <p>Public Involvement</p> <p>The main activity in the last month has been finalising and then publishing the new best practice guidance on public involvement in applications for Approvals which includes four underpinning principles on public involvement in research. This helps the research team to understand their public involvement responsibilities under the UK Policy Framework for Health and Social Care. In addition, we signpost to further resources and have begun related communications activities to raise the awareness of the research community to it all.</p> <p>In addition, we have undertaken significant planning work and finalised our work plan for the rest of the year as well as contributing to work with the Approvals Directorate to plan out a project to try to support researchers with commercial studies to improve the quality of participant information sheets which are often lengthy and contain legal language.</p> <p>We recently became a member of Patient Focused Medicines Development, a global independent coalition of health stakeholders with the aim of transforming the way in which the research community understands, engages, and partners with patients globally in the design and development of research and medicines by focusing on unmet patient needs. We are in the process of identifying the workstreams we will join to collaborate with other members to create resources that address some of the perceived barriers to public involvement.</p> <p>HR</p> <p>Significant focus on developing 2019 staff survey action plan in collaboration with SLT, Leadership Team and Staff Forum. Associated with this has been running the first line manager training workshop on sickness absence management following recent publication of our new Sickness Absence Management policy</p> <p>Offering further support to small scale organisational changes in the Approvals Service Programme Management team and the move of Communications and Public Involvement teams to the Policy Directorate</p> <p>Have also worked with UNISON E&D lead to arrange Disability Confidence training for senior managers on 16 July</p> <p>Communications</p> <p>The Communications team is managing the Make it Public campaign supporting the policy team’s consultation of the same name. We worked with an agency to develop a striking campaign identity using four colours to represent the four pillars of research transparency. There has been very good engagement on social media, with high profile support from stakeholders including the Department of Health, NHS England</p>	

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	<p>and CRUK. We've secured media coverage in specialist press, with local coverage in regions where face to face workshops are taking place. It's planned to use video and photographs from the first workshop in London to encourage sign ups to the later events in Manchester, Cardiff, Belfast and Edinburgh.</p> <p>The team is also working with the HRA Senior Development Team for the Combined Ways of Working pilot, as well as our communications counterparts at the MHRA, on a feedback workshop taking place for sponsors who have been part of the pilot so far. Comms input includes involvement in devising some of the question set to provide information and shareable insight on the pilot so far, trialling online polls and an online question and answer system using Slido at the event, live Tweeting on the day and showcasing the workshop before and afterwards on the HRA website in HRA Latest and on social media.</p> <p>Earlier this month the Communications team facilitated a webinar on Equality and Diversity for HRA staff featuring an external speaker from NHS BT. Almost 120 staff joined to hear what others are doing in this space and the HRA's ambitions, and feedback was very good.</p> <p>The team is under exceptional resource pressure at the moment as both Communications Officer roles are vacant. We have recruited Zoe Hegarty from the GMC into the permanent role and she starts at the end of the month (a gap of three weeks). The fixed term role has been unfilled for six weeks.</p> <p>Other strategic priorities include supporting the staff survey action plan and ensuring that the organisation is prepared for the upcoming deadlines for compliance with the accessibility regulation for public sector websites.</p> <p>Programme Management Office</p> <p>The 2019/2020 portfolio dashboard has been defined with the new list of programmes and projects and is being used to report status to the Transformation Board and Leadership Team Meeting and the performance scorecard is being updated to show progress with KPIs and benefits.</p> <p>A webinar on Benefits Realisation has been developed and published and further project management sessions have been planned to be delivered in the Autumn by the Project Delivery Capability Manager from DHSC. The PMO has also contributed to the Health Head of Professions activities including reviewing learning modules and the apprenticeship process.</p>	
8	<p>Transparency update</p> <p>JT and AG provided an updated regarding the consultation on the new strategy for research transparency. The Board noted there had been considerable interest in the survey thus far. Pubic workshops had been held or are planned in London, Manchester, Belfast, Cardiff and Edinburgh. The Board noted the London workshop had been successful with AG and other members of the Expert Panel in attendance.</p> <p>The Board noted staff workshops are planned in each of the five offices in August.</p> <p>The Board noted the consultation is due to close on 6 September 2019. JT advised the feedback had largely been positive with regards to the overall direction of the strategy however a full analysis would not take place until the consultation had closed.</p>	

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	<p>The Board queried how the House of Commons Science & Technology Committee would be kept updated regarding progress concerning this strategy. JT confirmed the HRA was in contact with the Chief Clerk with plans in place to keep the Committee updated.</p> <p>The Board looked forward to further updates at its next meeting.</p>	
9	<p>Developing the HRA engagement strategy</p> <p>The Board noted the paper which set out the HRA's plans for developing its engagement strategy with Board comment sought regarding the proposed direction of travel.</p> <p>The Board discussed the matrix on page 6 and agreed to feedback to JT any additional stakeholders to be included. The Board noted universities were represented by Universities UK on the matrix however it may be beneficial to highlight three or four key ones in a similar manner to the charities detailed on the matrix. Similarly, it may be beneficial to highlight specific industry representatives in addition to the Associate of the British Pharmaceutical Industry (ABPI). The Board recommended key influencers or opinion formers could also be added.</p> <p style="text-align: center;">Action: All to feedback any additional stakeholders to JT</p> <p>The Board supported the proposed timetable for the development of the new HRA strategy, subject to the appointment of the new HRA Chair, with the September Board seminar to be used as an opportunity to outline the updated vision and mission to the Board.</p> <p>The Board considered the impact Brexit may have on the timescale and agreed this should be kept in mind when finalising the timetable.</p> <p>The Board queried if the proposed timescale was realistic, noting the other work required of the HRA including the HRA's Transparency Strategy. The Board recommended JT flag any deviation from the proposed timeline to the Board via NM.</p>	ALL
10	<p>Estates strategy</p> <p>The Board noted the HRA's estates strategy has been refreshed to reflect HRA current and future requirements as well as Government priorities, including the Government hub programme, places for growth and smart working.</p> <p>The Board noted the estate strategy now includes details regarding the locations of the HRA's Research Ethics Committees (REC), associated costs and related priorities for the future for these meetings. The Board noted the associated benefits of RECs being located on NHS sites.</p> <p>The Board discussed how the estates strategy may disrupt the performance and welfare of staff. The Board agreed a survey of staff to capture their feedback would be beneficial.</p> <p>KW provided an update regarding the London Office relocation to Two Redman Place in Stratford, East London. The Board noted the agreed principles for the move included staff not being materially disadvantaged in time or money. The HRA's Organisational Change policy sets out how this would be handled with staff able to be reimbursed their extra daily public transport travelling expenses for a maximum of four</p>	

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	<p>years after the date of transfer. The Board noted individual conversations would be held with affected staff members to understand any issues and address accordingly.</p> <p>The Board supported the decision to retain the inner London High Cost Area Supplement (HCAS), noting other public bodies who followed Agenda for Change would be doing the same. The Board noted this principle would apply for both current staff and also any new starters in the future.</p> <p>The Board noted the HRA would take up approximately 5% of the floor space at the new building and questioned how this might affect the culture of the office. KW assured the Board the bodies involved had agreed a number of principles between occupants with one of these for each party to have an equal say in estate matters irrespective of size.</p> <p>The Board noted the cost per square metre was more expensive than the current cost at Skipton House however the HRA would have less space at the new site which would result in a lower overall cost.</p> <p>The Board approved the refreshed estates strategy and endorsed the principles supporting the move to the Government Hub in Stratford.</p>	
11	<p>HRA staff survey action plan</p> <p>The Board received and noted the action plan from the staff survey. The Board was pleased to note the work undertaken thus far and agreed the use of the staff forum to support the monitoring of progress through meetings and short surveys would be beneficial.</p> <p>The Board discussed the latest feedback received regarding workload and noted there were still some issues being reported. The Board agreed its perception was that the workload pressure were such that staff could not be stretched any further through smarter or harder working.</p> <p>The Board agreed regular updates concerning the staff survey action plan should be brought to future Board meetings.</p> <p style="text-align: center;">Action: IC to bring regular action plan updates to Board</p>	IC
12	<p>Approvals staff support and progress</p> <p>The Board received and noted an update on planned and completed actions in the Approvals Operations and Support Divisions following the staff survey feedback.</p> <p>The Board was assured steps were being put in place to address the issues identified in the staff survey however agreed concerns regarding workload remained. The Board noted other activities and projects are planned which should help deliver efficiencies and agreed regular updates should be brought to the Board regarding progress.</p>	
13	<p>Finance report – May 2019</p> <p>The Board reviewed and approved the finance report up to 31 May 2019. The Board noted there were no significant variances at this stage of the year. The Board discussed the staff vacancy factor and noted the staff costs could be presented differently to better reflect the vacancy factor.</p>	

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14	<p>Freedom of Information (FOI) request summary report 2018/19</p> <p>The Board received and noted the summary of FOI requests for 2018/19.</p>	
15	<p>Complaints, third party concerns and compliments summary report 2018/19</p> <p>The Board received and noted the summary of complaints, third party concerns and compliments received for 2018/19.</p>	
16	<p>Summary of Audit and Risk Committee meeting held on 07 May 2019</p> <p>The Board received and noted the summary of the Audit and Risk Committee meeting held on 7 May 2019.</p>	
17	<p>Out of session business conducted / External areas of interest since previous meeting</p> <p>The Board noted the following items of interest since the previous meeting:</p> <ul style="list-style-type: none"> - <i>Cross Agency Working on Interoperability update May 2019 circulated</i> - <i>Make it Public</i> Transparency consultation launched - <i>House of Commons Health and Social Care Committee NHS Long-term Plan: legislative proposals Fifteenth Report of Session 2017–19</i> - <i>A new ambition for cross sector collaboration with the life sciences industry to support NHS sustainability and transformation</i> - Our new best practise principles on Public involvement which includes updated website https://www.hra.nhs.uk/about-us/news-updates/new-best-practice-guidance-public-involvement/ - <i>Our work with HTA on Tissue and Data</i> <i>Consent to use human tissue and linked health data in health research</i> 	
18	<p>Any other business / agenda items for next meeting</p> <p>None to note.</p>	
19	<p>Date of next meeting:</p> <p>18 September 2019</p>	