

**HEALTH RESEARCH AUTHORITY  
BOARD MEETING**

**Minutes of the Health Research Authority (HRA) Board meeting, held on 26 February 2014 from 1.00pm in HRA meeting room 1, Skipton House, 80 London Road, London, SE1 6LH**

**Part 1 – Public Session**

<b>Present</b>		<b>Initials</b>
<i>HRA Non-Executive and Executive Directors</i>		
Shaun Griffin	Executive Director of Communications, Engagement and Partnerships	<b>SG</b>
Jonathan Montgomery	Chair	<b>JM</b>
Janet Wisely	Chief Executive	<b>JW</b>
<i>HRA Directors who attend the Board</i>		
Ian Cook	Director Business Support	<b>IC</b>
Debbie Corrigan	Director of Finance	<b>DC</b>
Joan Kirkbride	Director of Operations	<b>JK</b>
Tom Smith	Director of Quality, Standards and Information	<b>TS</b>
<b>In Attendance</b>		
Hugh Davies	HRA Ethics Advisor	<b>HD</b>
Stephen Robinson	Corporate Secretary	<b>SR</b>
Stephen Tebbutt	Board Secretary and Chief Executive Business Manager	<b>ST</b>
<b>Observers</b>		
Christine Holmes		<b>CH</b>
<b>Item</b>	<b>Item details</b>	<b>Action</b>
<b>1.</b>	<p><b>Apologies</b></p> <p>Sally Cheshire (SC), Non-Executive Director            Julie Stone (JS), Non-Executive Director            Allison Jaynes-Ellis (AJE), Non-Executive Director</p> <p><i>After meeting note: The business covered in these minutes was subsequently discussed in full and formally ratified by the HRA Non-Executive Directors on Friday 7<sup>th</sup> March 2014.</i></p>	
<b>2.</b>	<p><b>Conflicts of Interest</b></p> <p>None to note</p>	

3.	<p><b>Minutes of the last meeting</b></p> <p><b><u>The Board agreed the minutes were a true and accurate record of the matters discussed with the following amendment:</u></b></p> <ul style="list-style-type: none"> <li>• Page 2, update from Chair - Shelley Dolan should be detailed as an independent external member of the Audit Committee.</li> <li>• Page 3, Trial registration – the sentence should read '<u>requesting a deferral of registration</u>' rather than deference.</li> </ul> <p>The Board agreed the names of external stakeholders detailed in the minutes should be provided in full.</p>	
4.	<p><b>Matters arising</b></p> <p>None to note</p>	
5.	<p><b>Update from Chair</b></p> <p><u>NHS England Research and Development Strategy</u> JM flagged the HRA had submitted a response to the NHS England's Research and Development Strategy which is now available on the HRA's website.</p> <p><u>Department of Health Board development programme for ALBs</u> The Board noted the Department of Health (DH) has started a board development programme for all arm's length bodies and JM advised he had attended the first meeting. JM advised part of the meeting had involved a discussion regarding the frequency and duration of Board meetings. JM advised some other Boards' currently meet less frequently but for a longer period of time with more informal time together. The Board agreed seminars are a useful tool and JM agreed to discuss the Board meeting arrangements further with JW and NEDs.</p> <p><b><i>Action: JM to discuss Board arrangements with NEDs and JW</i></b></p>	JM
6.	<p><b>Update from Chief Executive</b></p> <p><u>HRA Assessment and Approval Business Case</u> The Board noted the business case is being considered within the overall business planning process by DH, with the business plan that is on the agenda for the Board today. The business plan for the HRA has received positive feedback from the sponsor and is close to completion, within the timeframe set by the DH. The outstanding decision on the business case within the plan will obviously impact significantly on the final plans and priorities for the HRA.</p> <p><u>Organisational change</u> The Board noted the HRA consultation to move further administrative support for RECs in London is progressing within the timeframe agreed by the Board. JW expressed her thanks to staff in the London office for the professionalism demonstrated during this time of uncertainty.</p> <p><u>Transparency</u></p>	

<p>The Board noted 14 requests had been received to defer registration on clinical trial registration, all of which had been approved.</p> <p><b>Action: ST agreed to circulate the registration deferral register to the Board after the meeting.</b></p> <p>Trial registration was discussed at the Phase 1 working group and there was good buy in to the process, not least in preparing the UK for the implementation of new EU regulations. The HRA has a workshop in March to consider further consultation papers on standards for publication, and the potential use of the REC application declaration as a check point for compliance against the requirement to register clinical trials but also, potentially, the extent to which older trials have been registered and published.</p> <p>The Board noted a transparency update would be brought to the March Board meeting.</p> <p><u>NIHR – HRA interdependencies Board</u></p> <p>The Board noted, in recognition of the benefit of even closer working with colleagues across the NIHR, the DH has set up a Board specifically to review and manage interfaces across the different programmes of work. A key area will be communication and Gordon Harrison has been invited to join the NIHR communications group so we can use our and NIHR communication routes to highlight relevant news items and key achievements, in the same way as we have successfully done with NHS R&amp;D forum.</p> <p><u>Policy framework</u></p> <p>The Board noted the work is progressing well with the first project report to be issued for comment in March.</p> <p><u>Regenerative Medicine Expert Group</u></p> <p>The Board noted a group has been set up by DH and is Chaired by Sir Michael Rawlins, with JW a member of the expert group and JK and Sue Bourne members of working groups which report to the main group.</p> <p><u>Staff partnership forum</u></p> <p>JW advised the forum met on the 10<sup>th</sup> February and had a very good meeting with positive contributions from all staff representatives. The main areas of discussion were the London Consultation, which considered the process so far, and the on-going Policy Harmonisation Project, where the process was clarified around staff engagement and authorisation route.</p> <p><u>HARP</u></p> <p>The Board noted development is proceeding according to schedule – time and cost. Staff training will start shortly with a go-live in April.</p> <p><u>Stakeholder Forum</u></p> <p>The Board was pleased to note Earl Howe had been confirmed as the key note speaker for the HRA Stakeholder Forum on 31<sup>st</sup> March.</p> <p><u>EU Clinical Trials Regulation</u></p> <p>The Board noted the useful work done by Sue Bourne to provide an update on the regulation would be added to the website next week.</p>	<p>ST</p>
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<p><b>7.</b></p>	<p><b>HRA Key Performance Indicators</b></p> <p>The Board expressed its thanks to Gill Habicht and team for the improvements in the report.</p> <p>The Board queried the timelines for the Confidentiality Advisory Group (CAG) proportionate review applications as the mean processing time was greater than that for new applications. JK advised the term proportionate review for CAG applications was different to that used by Research Ethics Committees and therefore a piece of text to explain the process would be added in future. JK advised these studies are not as straightforward as those reviewed by RECs. JK advised however there had been an improvement in the timelines in the January data.</p> <p>The Board agreed to have a part 2 discussion regarding the long term sickness rate.</p> <p>The Board considered the projected staff turnover chart on page 8 and discussed whether it could be made clearer.</p> <p><b>Action: IC to consider how to make information on staff turnover clearer</b></p> <p>The Board was delighted to hear that the Nottingham centre had achieved the stretched target for reviewing substantial amendments within 28 days, as shown on page 23. The Board agreed this should be announced in the next edition of HRA News.</p> <p><b>Action: ST to arrange for update to be included in next HRA news</b></p> <p>CH flagged a discussion regarding section 3: system metrics had been held at the most recent sponsorship meeting with the DH and the HRA. The Board agreed the Open Service dashboard should be included as an annex or appendix for future reports and not detailed in the main body.</p> <p><b>Action: ST to update Gill Habicht</b></p>	<p>IC</p> <p>ST</p> <p>ST</p>
<p><b>8.</b></p>	<p><b>HRA Business plan 2014/15</b></p> <p>The Board noted comments had been sent to SR individually from the NEDs and SR agreed to incorporate these into the next version of the plan.</p> <p>SR advised CH was obtaining comments from DH functional leads and their feedback would be incorporated into the next version of the plan.</p> <p>The Board agreed the comparators requested by the ALB team on page 47 should highlight that the training budget was not wholly spent internally but included some training for external stakeholders and also for Research Ethics Committee and Confidentiality Advisory Group members.</p> <p>The Board noted the business plan needed to be finalised by week commencing 10<sup>th</sup> March and submitted to DH for approval. DH approval and confirmation of the budget should follow week commencing 17<sup>th</sup> March. The Board agreed the focus of the business plan was heavily dependent on the outcome of the HRA</p>	

	<p>Assessment and Approval Business Case. The outcome of this decision would determine the final version approved by the Board. <b><u>The Board agreed it would give its final approval on the business plan at the March Board meeting however agreed the plan should be submitted in its revised state to DH according to the timelines detailed above.</u></b></p> <p><i>Action: SR to update business plan including above comments and individual NED comments</i></p>	SR
9.	<p><b>HRA Communications strategy</b></p> <p>The Board agreed this is a well written document and the HRA should take encouragement from what has already been achieved. <b><u>The Board gave its support for the implementation of the communications strategy and endorsed EMT's decision to approve the report.</u></b></p> <p>The Board made the following comments which SG agreed to consider:</p> <ul style="list-style-type: none"> <li>• Page 7 – Core Messages – inclusion of a bullet point regarding reduction in duplication</li> <li>• Page 8/9 – inclusion of taking a proactive approach in terms of media relations</li> </ul> <p><i>Action: SG agreed to consider these and any further comments before implementing a final version of the strategy</i></p> <p>SG advised the associated stakeholder strategy would be reviewed by EMT and the Board in Quarter 1. The Board agreed a yearly consideration of the HRA's key stakeholders would be beneficial.</p>	SG
10.	<p><b>HRA Corporate Risk register</b></p> <p>The Board received the risk register and noted the risks were being appropriately managed and monitored.</p>	
11.	<p><b>HRA Audit and Risk committee minutes</b></p> <p>The Board noted the HRA Audit and Risk Committee minutes. The Board noted the large number of internal audits in progress or recently completed. DC advised she had spoken with the DH internal Audit lead to consider the timing of future reviews to be spread more evenly across the year.</p> <p>The Board noted item 8 – shared services of the Audit Committee minutes, with the deadline approaching regarding a decision on the move to arvato provided shared services. DC advised there had not been a great deal of progress to report however the risk to the HRA because of this delay is relatively low due to the good service currently provided. <b><u>The Board noted a formal Board decision would be required on the decision to move to arvato and JM agreed to ratify with NEDs the decision to delegate this action to the Chair to allow expedited progression.</u></b></p> <p><i>Action: JM to agree with NEDs the decision to delegate approval regarding shared services migration to Chair to allow expedited decision</i></p>	JM

<b>12.</b>	<p><b>Finance report</b></p> <p>DC verbally updated the Board on the current financial position. The Board noted the underspend had increased since the last report. DC highlighted that budget managers are good at reporting instances when there may be potential over spend, however needed to improve reporting for instances when there may be potential underspend in the future.</p>	
<b>13.</b>	<p><b>Appointing Authority Update (Quarter 3)</b></p> <p>The Board noted the update with the following amendment:</p> <ul style="list-style-type: none"> <li>• Robert Beetham should be detailed as a Chair not a Vice Chair.</li> </ul>	
<b>14.</b>	<p><b>Out of session items to note</b></p> <p>The Board noted the following out of session items were circulated:</p> <ul style="list-style-type: none"> <li>- The HRA Role to promote transparency in research – declaration to REC scoping paper circulated for comment</li> <li>- The HRA role to promote transparency in research – publication of findings scoping paper circulated for comment</li> </ul>	
<b>15.</b>	<p><b>Any other business</b></p> <p>None to note</p>	
<b>16.</b>	<p><b>Date of next meeting</b></p> <p>Wednesday 26 March 2014, 10am – 4pm</p>	