

Minutes of HSR UK Annual General Meeting

27 September 2021, 14.00 – 15.00

Zoom meeting

Attendees:

Trustees

Temidayo Ajakaiye

Usha Boolaky

Naomi Fulop

Andrew Hutchings

Tara Lamont

Rob Newton

Angus Ramsay

Pearl Saadi

Judith Smith

Helen Snooks

Kieran Walshe (chair)

HSR UK

Helen Mthiyane (Executive Officer)

Rokia Ballo (Administration & Communications officer) (Minutes)

Representatives of member organisations

Kath Checkland - Institute for Health Policy and Organisation, University of Manchester

Gareth Hopkin - Health Technology Wales

Liz Mear - Leeds Academic Health Partnership

Mary Dixon-Woods - THIS Institute, University of Cambridge

Sheena Asthana - Plymouth Institute of Health and Care Research (PIHR)

Liz Hughes - Health Education England (in for Sue Lacey-Bryant

Katherine Walsh - SpHERE, Royal College of Surgeons (Ireland)

Adrian Edwards - Wales Centre for Primary and Emergency Care Research (PRIME Centre), Cardiff University

Observers

None

Apologies:

Trustees

Gary Ford

Gemma McKenna

Kayleigh Nelson

Helen Snooks

1	Chair's welcome	HSR UK's Chair, Kieran Walshe (KW) welcomed attendees to HSR UK's Annual General Meeting 2021.
2	Highlights from the past year	<p>Executive Officer, Helen Mthiyane (HM) provided an overview of developments since the 2020 AGM.</p> <p>Since January Helen has been joined by Rokia Ballo (Administration & Communications Officer).</p> <p>HSR UK welcomed 7 organisations as members including RAND Europe, Leeds Academic Health Partnership and the Research Centre for Health (ReaCH) at Glasgow Caledonian University. We plan to widen our membership to include more NHS Provider and Third Sector organisations with an interest in HSR.</p> <p>HM shared details of HSR UK's new mentoring programme, which is open to anyone from a member organisation who feels that could benefit from mentorship. Mentees are offered guidance in a range of areas including career development, building their network, getting published etc. Our 2021 cohort consists of 11 mentor/mentee pairs. The 2022 cohort will be developed in January 2022. Members should contact HSR UK at: info@hsruk.org if they would like to be a mentor or mentee.</p> <p>HM shared details of HSR UK's monthly newsletter which goes out to over 4000 subscribers and reminded members to get in touch should they wish to advertise events, publications, opportunities etc. within their organisation.</p> <p>HM then shared details of HSR UK led events since 2020. Events include the 'Changing Healthcare' project run in partnership with Kaleidoscope Health and Care, which explored learning from lasting change in the NHS. Throughout Autumn 2021 we will be running a series of webinars in collaboration with The Nuffield Trust, The King's Fund and The Health Foundation looking at improving inclusion in health and care research at the project, system and funding levels. Registrations are open for our final event (research funding) on 2nd November:</p> <p>HM shared details of the Research ethics, governance and information governance consultation which ran online between May and June. We received 252 responses and it was made clear that there is much room for improvement. Existing processes are felt to be over complex and bureaucratic and are causing significant delays to the pace at which high quality and useful health services research can be produced. The project has been led by Helen Snooks (HSR UK Trustee) who was joined by Dr Ashra Khanom (Swansea University) to complete the analysis. They also presented emerging findings to respondents at a meeting in July. We will be publishing a full</p>

		<p>report later this year and discussing findings with the Health Research Authority, who have been supportive throughout.</p> <p>HM finished by sharing details of an upcoming project looking at how NHS boards can become more engaged with research of all kinds use evidence to help demonstrate how a strong research function can improve the quality and efficiency of services. We are planning to develop a set of guidelines, or similar, to support NHS boards who wish to become research savvy. She invited members with an interest in this area to contact us as we will be creating an advisory group to support the project.</p> <p>Kieran mentioned the important role the pandemic has played in forcing boards to think about research and innovation and the way they use evidence.</p>
3	<p>Conference 2021, and plans for 2022</p>	<p>Angus Ramsay (AR) (HSR UK Trustee and Conference Committee Chair) presented an overview of HSR UK Conference 2021 and plans for 2022. He noted that all content and delivery was completed in close collaboration with the HSR UK board of trustees, management staff, the conference committee, our conference partners Eventage and our technical team Webcast Squared.</p> <p>2021: The conference ran online from 6th -8th July via our digital conference platform which allowed attendees to organise their participation in the event. We had 388 registrations with over 200 from HSR UK member organisations. We welcomed 30 attendees from outside the UK including, Ireland, Canada and the US.</p> <p>In response to evaluations from Conference 2020 we wanted to increase the number of interactive elements. We held 6 plenary sessions on topics such as; diversity and inclusion, global health, long Covid and science, evidence and government policy. We also held 19 interactive workshops in parallel with themed research discussion sessions which acted as follow up discussions to the 140 pre-recorded research presentations, which attendees were able to view on demand. We also held more social sessions such as the end of conference quiz and kept the conversation going via Twitter. All content from the conference is now available to view on the HSR UK website. Responses from the evaluation survey were very positive with attendees feeling that the conference was well run and good value for money. A hybrid event (online and in person) for 2022 was suggested by several respondents.</p> <p>2022: We are planning to hold the conference in Sheffield on 5th-7th July 2022 using a hybrid format for both delegates and attendees. Formal planning with the Conference Committee will begin in early October. The call for abstracts is scheduled to go out in late October with an early January deadline. We are pleased to have Professor Alicia O’Cathain (SchARR) and Sally</p>

		<p>Bridges (NIHR ARC Yorkshire and Humber) joining the committee this year and offering local planning support.</p> <p>KW shared that we are planning to host conference 2023 in Birmingham, hosted by colleagues at the university. In relation to conference 2022, we will not be able to stream all content so have prioritised streaming the plenaries. HSR UK welcome all comments and ideas for running a hybrid event.</p>
4.	Overview of Unaudited Financial Statements for Year ended 31 March 2021	<p>Trustee Andrew Hutchings (AH) spoke briefly on the Financial Statements for Year ended 31 March 2021.</p> <p>The statement includes income and expenditure from the conference in 2020. He noted that income was atypical due to moving the conference online in 2020 and not charging attendees a registration fee. The accounts also show the statement for 2020. These were also unusual as they do not cover the full year, instead they begin on the date HSR UK became a charity (August 2019 – March 2020). Two-thirds of these previous funds also come from the balance transfer that took place in 2019 from HSR UK’s previous host, Universities UK. HSR UK have recently instated a reserves policy which states that we must have at least 6 months of our usual expenditure in reserve. At present we have almost twice the amount of reserves we require, putting us in a strong financial position moving forward.</p> <p>Questions on the Financial Statements were invited and none were received however, there were additional comments on the conference which are summarised below:</p> <p>KW provided additional detail on conference 2022 arrangements including that we will charging, in a tiered format, for both online and in person attendees. We will also be keeping the on-demand function for research presentations.</p> <p>A member commented that they had recently attended a conference which did not feel Covid safe. It was agreed that ensuring people are and feel safe at the conference is a priority for HSR UK</p>
5.	Board membership update and proposed resolutions for member vote:	<p>Deputy Chair Judith Smith (JS) presented the item on board membership and proposed resolutions for member vote. She began by explaining that HSR UK’s charity status comes with new articles of association and processes for appointing board members. One third of trustees will retire at each AGM, and may be re-appointed, so long as they serve no more than three consecutive terms</p> <p>She shared details of HSR UK’s recent board recruitment process including the skills audit the board undertook which revealed skills gaps on the board including; charity finance, communications and marketing expertise and connection with health and care provider networks. We worked with Inclusive Boards to help diversify the applicants we could reach and are happy to have co-opted three new trustees; Pearl Saadi, Rob</p>

		<p>Newton and Temidayo Ajakaiye. Co-opted trustees were then invited to introduce themselves. Judith noted that board membership will remain under review, including how we can better involve patients and members of the public.</p> <p>Proposed resolution for member vote:</p> <p>Appointment of three co-opted trustees by members¹:</p> <ul style="list-style-type: none"> - Temidayo Ajakaiye - Rob Newton - Pearl Saadi <p>Reappointment of four retiring trustees by members:</p> <ul style="list-style-type: none"> - Naomi Fulop - Kieran Walshe - Stephanie Kumpunen - Andrew Hutchings <p>Representatives of member organisations were asked to vote Yes or No on the proposed resolution using the buttons in the participant window. Eleven votes in favour of the resolution were noted, with no dissenting votes. <u>The resolution was carried unanimously.</u></p>
7	<p>Questions and comments from members</p>	<p>KW invited questions and comments from all present. The discussion is summarised below:</p> <p>A member from a newer institute queried whether mechanisms for centralising patient and public involvement were possible, given how often researchers would like their involvement vs. their ability to target the right groups. Larger institutions may have standing groups set up however, they often do not represent the diversity of ordinary patient populations. How do we engage, for example poorer and more geographically dispersed communities beyond digital means? Suggestion to think about producing a project, similar to the engaged boards or EDI events, on this topic at a national level to support local work.</p> <p>Another member followed up to note that the professionalisation of patient and public involvement often reproduces, rather than reduces, existing inequalities. It was also agreed that funders need to be pushed on their thinking regarding stakeholder engagement. NIHR ARC North West Coast were mentioned as having done interesting work in this area.</p> <p>Trustees Pearl Saadi and Naomi Fulop added that digital inclusion, although it has exclusionary potential, does present opportunities to challenge existing patient involvement formats and HSR UK's possible role in supporting this. Also, that the onus is on us, as researchers, to change the way we engage those who we would like to use our research.</p>

¹ Biographies can be found on our website <https://hsruk.org/about/hsr-uk-board>

	<p>There was also discussion of work being undertaken at NIHR to ensure 'the usual suspects' are able to receive research funding. It would be useful to develop a network so that less well-resourced institutions (e.g., non-Russell Group universities) are part of this.</p> <p>One member commented that they were pleased to see work being undertaken to engage providers with research. The need to broaden people's perception of what research can do was discussed and the need for providers to see themselves, not just as places for research to be undertaken, but as places that use research in their decision making.</p> <p>KW closed the discussion by sharing HSR UK's vision to continue working with organisations who have influence in our interest areas, as has been the case for the research ethics and EDI projects.</p> <p>KW thanked everyone for coming and for the productive discussions. Please continue to feed in ideas and suggestions by email after this meeting.</p>
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