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| **Agenda item:** | **9** |
| **Attachment:** | **C** |

**HRA BOARD COVER SHEET**

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| **Date of Meeting:** | 20 March 2019 |

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| **Title of Paper:** | **Engagement strategy** |
| **Purpose of Paper:** | To present an outline engagement strategy and plans for developing it further. |
| **Reason for Submission:** | To seek views of Board members |
| **Details:** | In paper |
| **Lead reviewer (if applicable):** |  |
| **Board review required?** | Yes / ~~No~~ |
| **Suitable for wider circulation?** | Yes / ~~No~~  |
| **Time required for item:** | **15 minutes** |

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| **Recommendation / Proposed Actions:** | **To approve** | **Yes** |
| **For information / to note** |  |
| **For discussion** | **Yes** |
| **Comments** |  |

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| **Name:** | Juliet Tizzard and Nicole Mather |
| **Job Title:** | Director of Policy and NED |
| **Date:** | 12 March 2019 |

## Engagement strategy

### Background

* 1. One of our key strategic objectives is to develop the HRA to be a more pro-active, strategically focussed organisation. With the creation of the Director of Policy role in January 2018, we have given this area of work a senior lead, responsible for developing our capacity and thinking in this area on behalf of the organisation.
	2. During the 2018/19 business year, we have reviewed our staffing structures to ensure that we have the right roles and expertise to achieve our strategic objective. A new Policy and Engagement team will be in place from 1 April 2019, with a number of existing members of staff moving into new roles and further recruitment taking place over the coming months.
	3. We have also started to develop our engagement strategy with input from staff in policy, public involvement, communications and the senior leadership team. This paper presents the work done so far on the strategy and seeks Board members’ views and contributions. We also set out proposed next steps. This is not yet a public document. It needs more context and explanation (without becoming too lengthy) and needs to be further informed by conversations with our stakeholders. However, we would welcome views at this stage, so that the Board is agreed on the key messages and approach.

### Engagement strategy outline

* 1. Our overall purpose and key strategic objectives for the HRA are already established:

##### Our purpose

* Protecting research participants by ensuring research is lawful and ethical
* Facilitating research across the UK by ensuring research approvals are streamlined and regulators are more joined up

##### Our strategic objectives

* Championing health and social care research
* Making it easier to conduct high quality research in the UK
* Developing a pro-active, strategically focused organization
* Capitalising on technological advancements
* Ensuring we are governed effectively and provide value for the taxpayer
	1. However, we haven’t articulated a vision. This might be something we want to do for our next HRA strategy (to be developed in 2019/20 for publication in April 2020) or something we want to capture in the engagement strategy. A suggestion is as follows:

##### Our vision

* That a wide range of people are enabled to take part in high quality research, the results of which are well disseminated
	1. In terms of the engagement strategy, we have developed the following six objectives and priority areas:
* Increase visibility and impact of HRA across public, private and third sectors including patient organisations
* Strengthen relationships and collaboration across colleague organisations
* Better understand the future of health and care research and technology to enable the HRA to evolve in line with user need
* Improve research transparency and participant engagement by tackling research waste [and cross agency working]
* Increase public involvement in and awareness of the benefits of research by improving the quality and effectiveness of studies
* Become a leading voice on the benefits of the use of health data for research while ensuring that ethical and legal constraints are respected
	1. How might we achieve this? Part of it is about how we work and who we work with:

##### How we will work:

* Working cross-system to align governance, requirements and standards
* Involving patients and the public in what we do
* Promoting the benefits of research/championing success
* Focussing more on changing behaviour than setting standards
* Taking action when non-compliance identified
* Targeting particular groups where practice is poorer
* Influencing upstream of research approval and monitoring performance afterwards
* Being clear about our expectations

##### Who should we engage/work with

* 1. We have developed a full list of the key people and organisations to engage. They include:
* DHSC, NIHR including Involve, NHS England, NHSX, NHS Digital, MHRA, Genomics England, NICE
* BEIS, UKRI including MRC and HDR-UK, Catapults and OLS
* Devolved Governments
* Academia including HEFCE and key research-active NHS Trusts
* Wellcome Trust, CRUK, BHF, AMRC and other key research funding organisations
* National Voices and other patient organisations
* ABPI, BIA and leading research-active biopharma companies
* ACRO, IQVIA other trials organisations
* ABHI and DHCA, Tech UK Health, GDM etc
* UPD, CEBM, ICO, NDG, Medconfidential

##### What we stand for

* 1. It is important that we are clear about how we work and have a clear plan for who we want to (continue to) work with or influence. But we will have greater impact if we are known for or become a reference point in certain areas.
	2. We are already known for being knowledgeable and expert about research and helpful to researchers seeking research approval. We are also known for being collaborative and open to feedback.
	3. However, we haven’t so far articulated what we stand for and what our policy positions are in certain areas of research. One important question to ask ourselves is how we want to behave as an organisation (and how we want to be perceived) to achieve our strategic aims and bring about change in particular areas. Do we want to be facilitative or firm? Do we want to enable good research practice or enforce it?
	4. The table below and over the page shows our thinking so far in this respect, separating into the key policy areas and strategic objectives:

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| **Issue** | **What do we want to see/what do we stand for?** | **What should our stance be?** | **How will we bring about behaviour change?** |
| **Research transparency**Important because: well-evidenced treatments, reduce research waste, increase public trust | Details of approved research is published and visible to the publicResearch findings are made publicAll research participants are told about the findings of the research | *Firm*We’ve been pushing this for some years and need to drive improvements. Researchers have no excuses for failing to register, publish or to feed back to participants. | Demonstrating our own commitment to transparencyWorking cross-systemBeing clear about our expectationsTaking action when non-compliance identifiedTargeting charity, NHS and university sponsors |
| **Use of patient data in research**Important because: public trust, willingness to share, generating evidence for care | Stakeholders understand the difference between direct care and research Research organisations understand their legal and ethical obligations when using patient data Developers/researchers get helpful and clear advice about approvals for data-driven tech | For use of patient data in research: *Authoritative*People come to us for advice and expertiseFor emerging tech/new uses of data: *Facilitative*Although researchers should understand data protection and confidentiality law, it can be complex when applied to data-driven technologies.  | Being clear about our expectationsWorking cross-system to align governanceTargeting NHS organisations and tech companies |
| **Issue** | **What do we want to see/what do we stand for?** | **What should our stance be?** | **How will we bring about behaviour change?** |
| **Public involvement in research**Important because: research should be done *with* the public, not to or for them | Researchers work closely with patients and the public to design their studies so that research is relevant and acceptable and those who take part in the study have visibility of the outcome. | *Helpful but firm*We have few powers in this area, so need to focus on promoting the benefits. However we should scrutinise more the quality of studies | Demonstrating our own commitmentBeing clear about our expectationsPromoting the benefits and celebrating successWorking upstream to improve performance – with sponsors and fundersWorking with patient charities to engage commercial sponsors |
| **Increase visibility of HRA** Important because: enables greater voice and influence  | HRA is a recognised voice and is integrated into the healthcare ecosystem across the UK | HRA will align and collaborate with colleague organisations across the NHS, leading where appropriate/ resources allow | Greater visibility including activity on social mediaEnsure invitation and attendance at cross- Whitehall and health system boards |
| **Strengthen collaboration**Important because: HRA is resource constrained  | HRA is a strong influencer in the system and works to achieve our objectives through collaboration  | HRA door is open and we focus on impact via collaboration  | More structured stakeholder managementFocus on key partner organisations and individuals |
| **Better understand the future of health research and technology** Important because: Will enable the HRA to evolve in line with user need | HRA is a forward-looking organisation which will proactively evolve to anticipate user and regulatory change | HRA will design systems and processes so that future research processes can be addressed efficiently | Explicitly set out potential future scenarios for a vision of the Authority as part of our next Strategy |

### Taking this work forward

* 1. To finalise our approach and implement it, we need to flesh out the strategy, taking in Board comments, seek the views of stakeholders and develop an action plan.
	2. Discussions with key stakeholders will take place during April-June. The likely groupings are:
* Colleagues from across the public sector including regulators
* Academia, the NHS, NIHR and charities across research and patients
* Biopharma industry including CROs
* Digital and med tech industry including patient data
	1. We plan to come back to the Board meeting in July with a refined version for comment and a near-final version in September.

### Questions/discussion points for the Board

* Do you agree with the objectives and priority areas (para 2.3)?
* Do you agree with the approaches in key areas (table at para 2.7)?
* Do you agree with the planned approach for developing the strategy (section 3)?