

Chief Executive Officer Report to the Board March 2021

Part 1 Public session

1. Induction of the new Chief Executive

I joined the HRA on 22 February 2021 and I am one month into a three-month induction programme. I am hugely grateful for everyone's kindness, time and advice I have received.

The next few months will allow me to meet a range of people (internally and externally) and explore a range of aspects from organisational culture to operations and programmes of work. This will allow me to contribute to the work of the HRA as quickly as possible, identify organisational priorities, and personal development needed to meet them. I have also picked up some immediate operation responsibilities and I am working with Department of Health & Social Care (DHSC) to ensure my formal responsibilities as Accountable Officer are in hand.

- **Pre-22 February: Hit the ground running:** The outcome of this phase was to ensure I was ready to go on my first day. I covered off initial orientation meetings, IT, mandatory training and handover discussion with Teresa Allen
- **22 Feb – 1 March: Establish the purpose and a plan.** The outcome of this phase was to agree on a high-level induction plan with the Chair.
- **1 March – 1 April: Information gathering (current phase).** The outcome of this phase is to develop and discuss emerging findings on organisational messages and priorities. Guided by our stakeholder engagement strategy I am meeting as many people as possible inside, across the volunteer networks and our external stakeholders.
- **1 April – 1 May: Refining priorities and quick wins.**
- **1 May – 1 June: Communicate and deliver medium term and long-term plans.** Whilst the 2021/22 Business plan was developed largely before I joined it has my full support and covers many of the issues I am hearing about. I do not foresee a major change of strategy but rather doubling down in key areas

2. Operational delivery during a pandemic

As can be seen from the performance report (Enc 7), we continue to deliver strongly despite the increased workload and impact current working condition have had on our teams. I am extremely impressed by the way the team are managing and delivering - the summary of achievements on page 2 is impressive. That said we should not be complacent. There are issues within our performance report such as not always hitting our 60-day target and challenges in compare Combined Ways of Working (CWoW) to non-CWoW timelines because we don't hold all necessary data within HRA. We are working on these issues.

3. Future ways of working

If 2020 was the year of the emergency response, 2021 will be the year of recovery, resilience and growth; if 2020 was the year for rapid innovation borne of necessity, 2021 will be the year for embedding that innovation for the long term; and if 2020 was the year to prioritise research to support the immediate public health emergency, 2021 will be the year to build back better for all.

We are therefore considering our future ways of working in three overlapping areas. Internal team working (e.g. our use of office space); working with our volunteers (e.g. use of a mix of face to face and online meetings), and as partners in an integrated health research system (e.g. working with the National Institute for Health Research (NIHR), Medicines & Healthcare product Regulatory Agency (MHRA) and DHSC). In all three domains, there is a desire to not go back to how we used to work but embed beneficial changes and innovation for the long term.

Future Ways of Working for the HRA team

With the Government roadmap published and increasing vaccination rates we are starting to plan for the time we have the option of using our office space again. We do not foresee a complete return to pre-pandemic ways of working but rather a hybrid model of a mix of in persona and online working. The following high-level plan was presented to all staff on 11 March 2021. This work is being taken forwards under the auspices of our Supporting our People programme.

Business need

Delivery

- delivering services
- team/service specific differences
- stakeholder experience
- balance of transactional and relational work
- collaborating effectively and efficiently

People

- work-life balance
- health and well-being
- inclusion
- building relationships
- knowledge exchange
- learning and development

Infrastructure and support

- funding
- estates
- technology
- partner organisations

Draft timeline

March-April

- Develop future ways of working based on business need

May

- Discussion through unions, staff forum, ED&I group

June

- Seek endorsement from unions, staff forum, ED&I group
- Share final plan with all staff

July-August

- Confirm future ways of working for all teams and staff
- Teams develop team level implementation plans

September

- Phased implementation

Actual timing might change in line with Government guidance

What it means for you now

- Assume no change until September (although there maybe be some relaxation depending on government guidance)
- please complete your staff survey
- feed thoughts on business need through staff forum
- flexible working policy will continue to make provision where specific personal circumstances require if you have urgent requests
- offices still remain available to work from – if you personal circumstances make this the best option

Further update around mid-April

Future Ways of Working with our volunteers

These are primarily being considered within our transformational programmes of work such as the Ethics Review Programme and fast track. In addition, as part of our Valuing our Volunteers programme, we have launched a survey looking at how we can better support our volunteers i.e. our Research Ethics Committee members (REC), Confidentiality Advisory Group (CAG) members and members of our Public Involvement Network.

A related activity is the HRA Spring Seminar on 25 March 2021. This will be for all REC, CAG and public involvement network members with talks from Professors Jonathan Van-Tam, Sarah Gilbert and Andrew Pollard. It is an opportunity to thank and celebrate the work of our volunteers and to provide an opportunity for HRA volunteers to meet the new Chief Executive, learn about current epidemiology trends for COVID from experts, and recognise the breadth of research and its future direction.

Future Ways of Working for as an integrated research system

Perhaps the single most important reason UK research performed so strongly during the pandemic is that we have a UK wide integrated research system embedded within national health services. There are a clear desire and expectation that we will continue to operate in partnership. The HRA is of course central to many of those discussions.

Of particular note in this period are the following:

Interoperability and alignment of digital work with NIHR and MHRA

We have continued to work closely, through informal discussion of the respective senior teams, and through formal collaborations with NIHR and MHRA to realise the opportunities of interoperability and aligning our digital strategies. For example, we are taking part in workshops with NIHR to develop their digital strategy, with a focus on interoperability.

We have also been working with MHRA and NIHR on aligning our fast track activities and the future of both regulation and regulatory science. For example, we are working with MHRA on proposals for the future regulatory model for the UK, as the EU Clinical Trial Regulation will not apply.

Working with DHSC and Recovery, Resilience and Growth (RRG)

The set-up phase of the UK Recovery, Resilience & Growth programme is now completing with immediate, short-term actions being completed. The programme aims to “unlock the full potential of the [UK life sciences] sector and ensure the UK remains a globally-attractive destination to deliver commercial research. The RRG will deliver a clear and ambitious plan to revolutionise UK clinical research - so we can lead the global race to develop the most advanced new therapies, vaccines, devices and diagnostics.” Despite our relatively small size compared to other partners the HRA is making a strong contribution to the goals of the programme. The Vision for UK Clinical Research has just been published and seizes the opportunity to build on the UK’s existing strengths and the momentum created during the pandemic to set out a more resilient, adaptable and innovative research system across all research phases, treatment types and conditions. The proposals for Phase 1 of the RRG Programme starting from April are being finalised. Janet Messer sits on the programme board and chairs the cross-programme guidance group and I have been asked to join the Oversight Group by Lord Bethell.

For example, we are advising DHSC on the development of the national Find, Recruit & Follow up Service – a new toolkit that will maximise the use of digital technologies to identify, approach and follow up participants for clinical research, using secure approaches that respect patient confidentiality.

We are working with NHS England & Improvement, Devolved Administrations and NIHR Clinical Research Network to take forward the National Contract Value Review programme that was paused during the pandemic. The approach is being revisited in the light of experience and will create a consistent UK-wide approach to a financial agreement between commercial sponsors and NHS sites.

We are also providing input to DHSC in the development of a charter relating to clinical research for the next G7 summit in June 2021, for which the UK holds the presidency.

Feeding into the Goldacre Review of efficient and safe use of health data for research and analysis for the benefit of patients and the healthcare sector

Professor Sir Terence Stephenson, Chair, Juliet Tizzard, Director of Policy and Partnerships, Vicky Chico, Data Policy Advisor and I were interviewed by the review

team which we followed up with a written response. A separate session was held with the Chair of CAG. The Goldacre review is expected to report in April 2021.

Review of governance structures and project/programme management

We are in the process of reviewing the way we govern and manage our internal work; to be clear this does not affect our formal governance arrangements of the HRA Board, Audit and Risk Committee and Pay and Remunerations. Three major changes are progressing:

- A refresh of the transformation programme and associated Transformation Board
- The establishment of a new Digital Strategy and Prioritisation group
- A review, consolidation and simplification of other internal board, committees and panels

4. Pre-election communications

The pre-election period for the local elections starts at midnight on Wednesday 24 March 2021. From that date, and until after the elections on 6 May we must avoid taking a position on or commenting on political issues and must not make proactive announcements. The restrictions of this period apply to our communications and engagement activities including email newsletters to stakeholders and volunteers, social media posts (including where members of HRA staff and Board members use their personal accounts to comment on HRA business), updates to the HRA website and presentations given at conferences and other events. Operational communications can continue as usual. Additional advice, if needed, is available from Eve Hart, Head of Comms.

Finally...

This is Graham Clarke's last HRA Board meeting. Whilst I have only known Graham for a short time, it has been immediately apparent the significant contribution he has made over many years. On behalf of myself, my senior team, all the HRA and the wider research landscape I would like to formally say Thank you.