

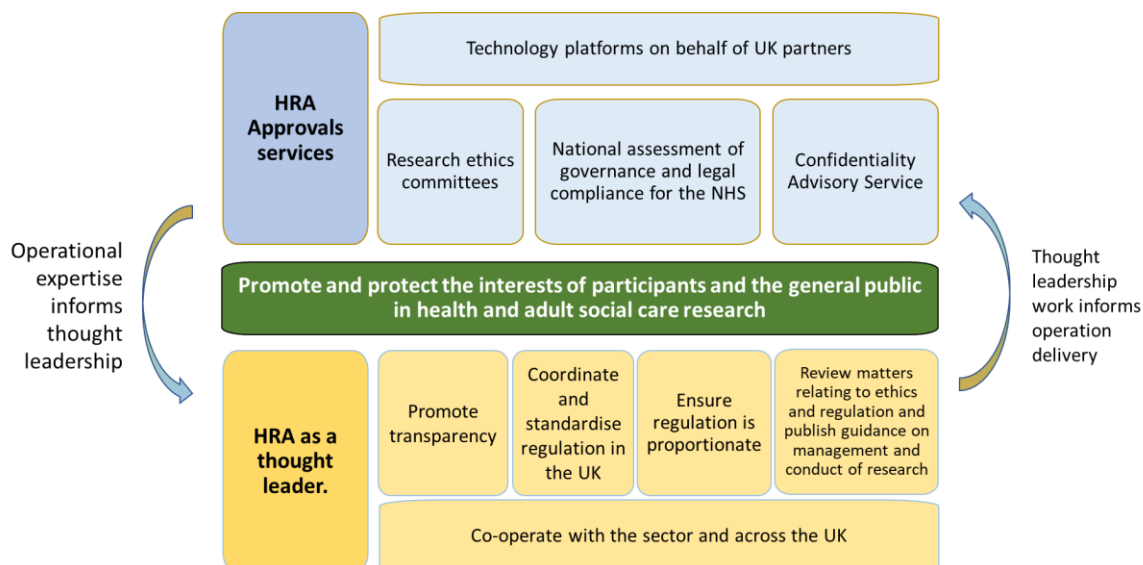
Chief Executive Officer Report to the Board May 2021

Part 1 Public session

Messages about priorities from my induction.

I have nearly completed my 3-month induction programme. Part of that was to understand our current priorities and the priorities expected of us from stakeholders. I would welcome the Board's reflections on these.

What we do: HRA's statutory and operational responsibilities.



What are our current priorities?

As a public body with a broad statutory purpose, we must pay attention to many priorities from many different stakeholders, but we are currently being asked to focus on the following:

We make it simple to good research, hard to do flawed research, and improve the quality of all research.

Simplify and streamline HRA approvals

We have long history of streamlining and simplification. We need to go further and faster.

Focus on improving user experience, being responsive and flexible to user needs, reducing burden, speeding up, improving consistency and proportionality of review.

Simplify and connect up the end-to-end system

We take a whole system approach, working with partners to detangle a complicated landscape.

Focus on UK wide collaboration, harmonisation and integration. Site-setup, data driven research, and supporting the UK life sciences sector in a post-COVID, post EU landscape.

Simplify and amplify our voice

We have a trusted and authoritative voice. We should use it to deliver change in support of our mission.

Focus on leading and convening conversations that set the standards for good research. Transparency, public involvement, data use, and novel issues relating to ethics, regulation, management and conduct of research.

A common thread through these areas is making sure we embed what we have learned from operating during the pandemic.

Combined Ways of Working (CwoW) communications plan

Following a recent CwoW programme board and oversight group (chaired by Dr Louise Wood, Director of Science, Research and Evidence at the Department of Health and Social Care (DHSC)), the communications and implementation plan has been agreed. This will cover roll out during 2021. All clinical trials of investigational medicinal products will be reviewed through the new process and associated research systems from January 2022. To reflect the transition to business as usual we will talk about Combined Review rather than using the abbreviation CWoW and we are instigating a regular drumbeat of messages between now and January 2022 – including some activity for International Clinical Trials Day and some messaging for ministers via DHSC – which will let everyone: applicants, researchers, ministers and the wider world including patients and participants know about the positive changes coming.

Joint Negotiating Committee Agreement

The relationship with Unison is very positive and mutually supportive. We have an agreement, signed by the previous Chief Executive, on how and what issues we work together on in the Joint Negotiating Committee. I have re-signed it.

'Make it public' campaign group.

The first meeting of the Make it Public Campaign group was co-chaired by myself and a public member (Derek Stewart). This was an exciting coming together of sector leaders across all four nations. It will undoubtedly make a difference to transparency and is also an example of where we are using our voice and profile to bring about system change.

Ministerial and system-wide discussions on innovation, recovery, and growth

Several ministerial led and cross-sector discussions have involved me and members of the board and senior team. These include:

- DHSC Recover, Resilience and Growth steering group and programme board
- Lord Bethell convened Regulatory Innovation Roundtable
- DHSC Innovation Steering Group
- Chief Medical Officer chaired UK Clinical Research Collaboration (UKCRC) Board Meeting
- Chair and CEx CwoW lessons learned meeting between the Medicines & Healthcare products Regulatory Agency (MHRA) and HRA
- DHSC Arm's-Length Body COVID-19 Battle plan meeting

These important discussions all revolve around the common desire to not only recover from the pandemic but create a research and innovation system that is stronger and more resilient than before. One that ensures that research for the benefit of UK patients and the public is delivered and that the UK life science sector is vibrant and thriving in a post-pandemic and post-EU landscape.

The chairs of some of these meetings (the Minister and Chief Medical Officer included) explicitly thanked the HRA for all we have done during the pandemic.

Update on Future ways of working

Our future ways of working project is planning our return to offices from September taking account of Government guidance and recognising that staff will benefit from a period of adjustment. We are also working on a framework with a set of principles and standards for how our staff work in the future that capitalises on the benefits of remote working, such as reducing business travel, commuting and increasing productive time, and evolving the flexible model we had before the pandemic. Underpinning our hybrid model and framework is the importance of remaining an inclusive organisation that supports everyone to work well by providing suitable working environments, maintaining connectedness, and informal learning to operate successfully and deliver excellent service to researchers and our stakeholders. We'll be engaging staff with the draft framework over the coming months and plan to pilot it from November before finalising it at the end of January.

Volunteer survey

We have just received the final report from an externally commissioned survey of our volunteers (members of Research Ethics Committees, Public Involvement Network and Confidentiality Advisory Group). With a good response rate of 40%, it showed that volunteers have high levels of satisfaction and pride in their role at the HRA and positive perceptions of the HRA team and how we support them. The survey included collecting demographic data, so we now have a good understanding of our volunteers' demographic breakdown and areas where we can improve the volunteer experience. We will develop an action plan in discussion with our newly formed volunteer panel to ensure we make the most of the findings.

Stakeholder perception survey

Earlier this year we asked Savanta ComRes to find out what our key stakeholders think about the HRA and how we engage with them. This survey is intended to be used as a benchmark to measure the effectiveness of our engagement strategy. Overall, the findings are very positive in terms of stakeholder's perception about the HRA and our engagement with them. We score very highly compared to our counterparts in terms of familiarity, favourability and trust. 70% of respondents think we engage with them effectively and 71% will advocate for HRA without being prompted.

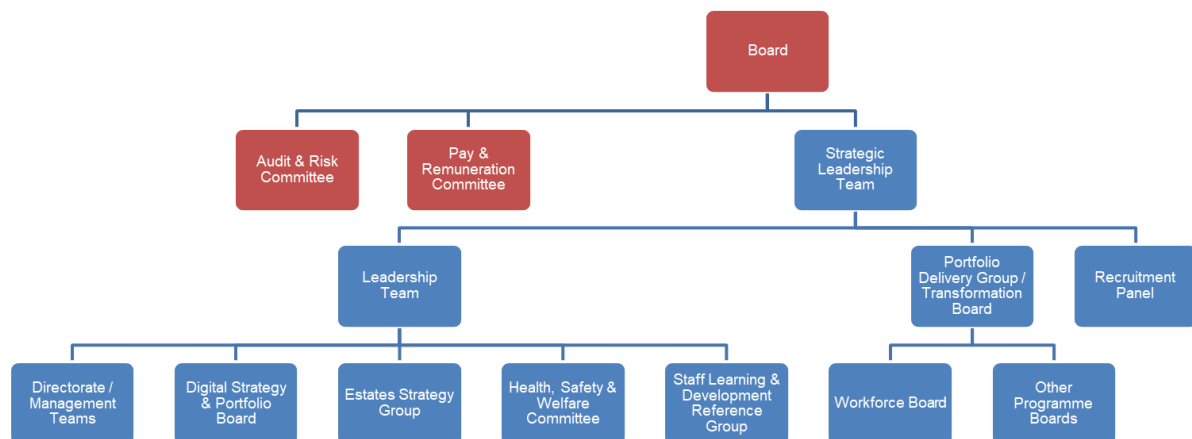
Areas of improvement included encouraging us to use our trusted and authoritative voice to provide system leadership and greater attention to how innovative we are perceived to be.

Review of governance committees

We are increasingly expected and needed to innovate, implement and operate at pace. This stems from our favourable fiscal position, success during the pandemic, and the changing external landscape. One small part of this is the nature of decision

making and governance. Too many committees with unclear differences drive a culture of escalation and disempower and confuses teams. It can lead to poorer and slower decision making. Accordingly, I have asked that we simplify our decision-making committees. The Audit and Risk Committee will discuss this in detail – the draft before and after are presented below.

Current



Draft proposal

