HRA Strategy 2022-25: Where are we and next steps

Background

The HRA Board and Executive Committee are developing a new 3-year strategy for 2022-25. Key things we want to achieve in this work is:

- Clarify, and reword our core purpose for the current context.

- Use our purpose to align all our activities from our strategy to business planning to day to day activities. And in doing so be a social mission-led, values-driven organisation.

- Focus on fewer but more ambitious goals that we can communicate and deliver better and faster than a very broad set of activities with a focus on external user or stakeholder value.

- Confirm HRA as a unique and significant part of the UK health research system and ALB suite.

To this end, the HRA Board and Executive committee have been developing a new description of our purpose and mission and identifying a small number of ambitious Golden Ticket Priority areas.

This paper was prepared following a HRA Board and Executive Awayday in November and Executive Committee meeting in January 2022.

Current thinking on HRA purpose and mission

Our fundamental purpose is set out in the Care Act 2014. We believe that purpose remains relevant today, and we have no intention of changing it. However, we believe it is important to re-clarify what it means, in the current context, with the current team, and using more up to date language.

A summary of the brief we set ourselves can be found in appendix A. This is still a work in progress but the latest draft is:

> We [safeguard/ensure/protect/promote] the opportunity, rights, and well-being of people in research.

> We do that so that research is trustworthy, and the UK has a vibrant research sector so that people can take part in good research today, and the findings of research improve health and social care for everyone tomorrow.

Whilst we are still working on the wording, the intent is clear that our social mission has two synergistic aspects – something around protecting the rights and well-being of people in research and something around making it easy to do good research. Both of which revolve around working in partnership. Whilst we still need to do work on the wording it is worth noting that we don't see these as two different aspects but a duality. You can't have one without the other.
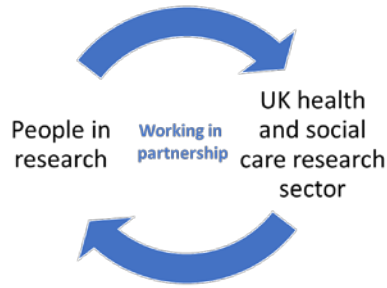
HRA Strategy

The key part of the new strategy will be its intent – what we want to achieve and how we will achieve it. It is also a document/website/etc intended to communicate and engage with ourselves, the HRA community, and our users, partners and stakeholders. The structure of the document will include the following sections.
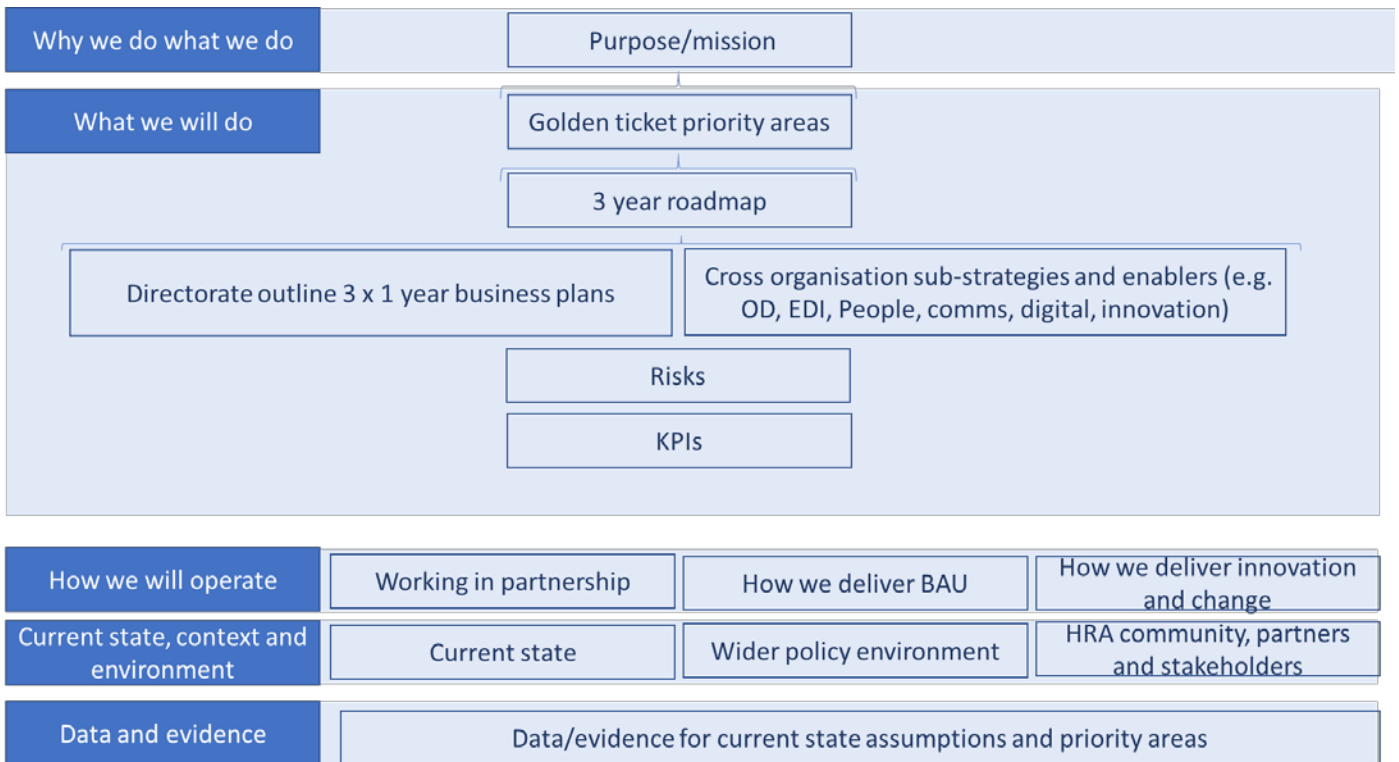
Notes:

We will apply an equivalent to the 100% work breakdown rule – where everything we do at one level (purpose, strategy, roadmap, business plan) fully delivers the level above. That doesn't mean everything is described in the same level of detail.

We are unlikely to use the phrase Golden Ticket Priorities in the final document.

Current thinking on priority areas

In line with the desire to have a clear line of sight between the purpose and what we do to deliver it, and to focus the organisation on fewer but more ambitious goals, we

will select three golden ticket priority areas that address the following. All activities of the HRA will be aligned under at least one of these.

- Delivering our services. This will be framed in terms of how we want to deliver them, e.g. streamlined, simplified, user experience focussed and agile, but in effect, this is the 'Business-as-usual' priority area.

- Something around ensuring/safeguarding/protecting the rights and well-being of people in research

- Something around making it easy to do good/trustworthy/responsible research in the UK

It is important to note that at this stage these priority areas have been described at a level of ambition that is unlikely to be delivered within the next strategy cycle. Having a long-term vision is important but so is being transparent and realistic about what can be achieved within the next three years. As we move forward with the work we will establish clear plans on what we will deliver by when.

Following on from the November Executive Committee and HRA Board away day, the Executive Committee on 5 January 2022 considered a shortlist of 5 potential priority areas.

Detailed descriptions can be found in appendix B. In summary, they were:

Title	Research with and for everyone (Champion of the people)
Description	• Be a visible and vocal trusted partner of people in research and take a leadership position in diverse and inclusive public involvement and engagement. • Exhibit best practice in meaningful patient and/or public power within our own organisation.
User/partner/ Stakeholder directly affected (not just interested or related)	Patients and the public in general Potential REC/CAG/PIN members currently unable to participate Researchers
Long-term vision (beyond the current strategy, user-centric)	Health and social care research is conducted with and for everyone. Greater numbers from all communities – including those in more diverse and under-served populations – are confident and willing to take part in health research. The UK is an excellent location to conduct high-quality health and social care research with diverse research populations. Research better addresses health inequalities

Key points from the discussion:

- This speaks strongly to our mission and our unique position in the sector.

- Important to ensure research is trustworthy and a true partnership between patients, the public and researchers.

- We have to recognise that doing this well will mean more consultation, more consideration and will be slower.

- Has strong political resonance.

Title	Untangling the digital spaghetti (use and re-use of routine and research data)
Description	The HRA has a key part to play in identifying and addressing barriers to the use of data in research. Our role is to ensure that the research system uses people's data in ways that command public confidence. This applies to collection and use of research data, use of clinical data for research, and re-use of research data for further research.
User/partner/ Stakeholder directly affected (not just interested or related)	Patients and Public, Life sciences industry – pharma and devices, Institutions that hold patient/ public health and care data, Academic researchers, NHS Digital, HDRUK, CPRD, CAG, HRA and DA staff
Long-term vision (beyond the current strategy, user-centric)	There is a general public awareness of and confidence in how health and care information is used for research, the public understand what choices they have about those uses and feel able to exercise their choices. This is achieved through making it easier to do responsible research, making the UK the premier global destination for data-intensive research.

Key points from the discussion:

- To make a difference this would be one-stop-shop approach to the use and reuse of data in research.

- We could approach this either from a people perspective – maintain trust – or from a researcher perspective – make the appropriate use and reuse data easy.

- It could make a big difference, but it is also very challenging.

- A very crowded, well-funded, and in transition space. It would be a major land grab for us to do something meaningful. It may be better to let someone one else lead this and be strong collaborating partners.

Title	**Accelerating UK research in the context of the life sciences vision**
Description	HRA will lead work across the research system to achieve a step-change in the UK's reputation as a place to conduct innovative people-centred health and care research. This will be addressed through changes to processes and infrastructure, supported by interoperable digital systems. The focus will be clinical trials in the context of the life sciences vision.
User/partner/ Stakeholder directly affected (not just interested or related)	NHS R&D, Commercial sponsors and researchers, Academic researchers, Devolved Administrations, Government and UK PLC
Long-term vision (beyond the current strategy, user-centric)	Researchers and sponsors will feel that the UK research environment is efficient, pro-active, innovative place to conduct clinical trials and is in the top 5 countries globally for speed and per capita recruitment to trials.

Key points from the discussion:

- This speaks strongly to our mission, core responsibilities with the Care Act, and our long-term role in streamlining and simplifying approvals

- Strong alignment with life sciences vision, industrial strategy, and current political environment.

- Outstanding question whether this is focussed on life sciences industry or the wider research community; or perhaps focus should be clinical research (like RRG)

- Include an open platform for an integrated research application and management system (i.e. incorporate and build on RSP and work with IRAS partners, NIHR and MHRA)

Title	What's next after ethics review?
Description	By March 2023, we have developed a new model for research ethics review, including a new set of proportionate review pathways (fast-track, committee review, staff review, institutional level review), significantly improved information for participants and more focussed review using streamlined information, a new approach to chair development and performance. We will also have the Think Ethics campaign. What's our next level ambition?
User/partner/ Stakeholder directly affected	• Participants • Research teams • REC members
Long-term vision (beyond the current strategy, user-centric)	Patients and the public are able to participate in well-designed, valuable research which they trust and in which they are treated as a partner in the research effort. A diverse group of people, who researchers respect and trust review research in partnership with HRA and DA staff. Ethics review in the UK is the envy of the world.

Key points from the discussion:

Not clear what needs doing beyond current Think Ethics work.

- Golden ticket level work would be a more radical changes to HRA's business model and a focus on research culture.

- Some elements, at a lower level of ambition than a golden ticket, could be taken forwards with other priority areas.
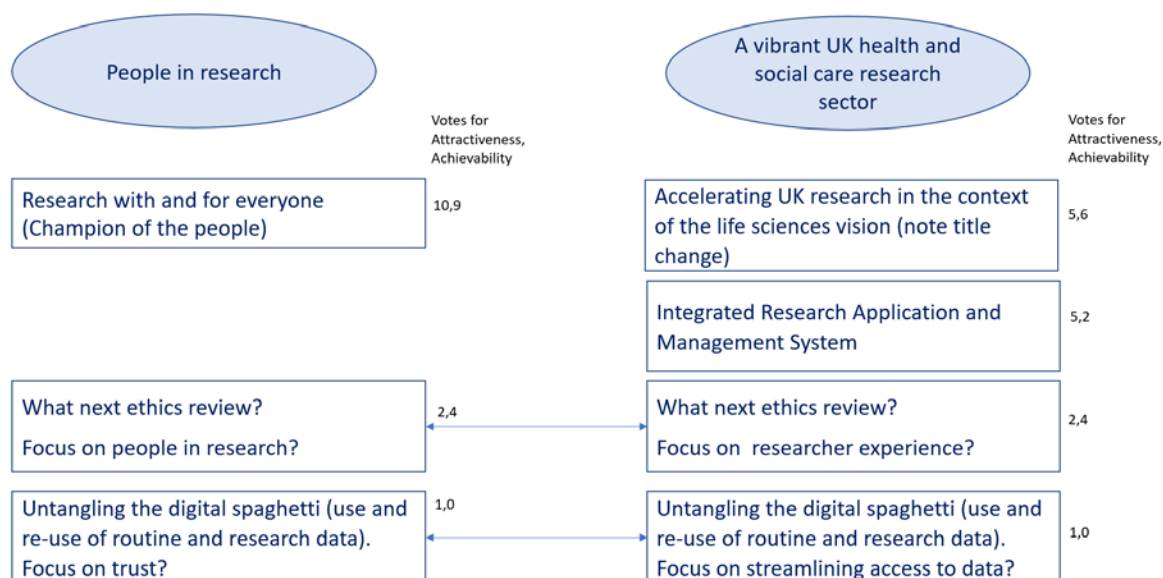
Title	**Integrated Research Application and Management System**
Description	HRA to provide THE platform that all parts of the system – from initial idea, through funding, approvals, delivery and dissemination.
User/partner/ stakeholder	Patients and the public in general Researchers, funding bodies, application review bodies, REC members, Other agencies, Government and UK PLC
Long-term vision	Users have a single consistent experience across the research life cycle. Data is entered once. A complete record of research is maintained.

Key points from the discussion:

- Key question is whether HRA would provide the end-to-end digital service directly or provide an open platform and digital standards for others to interoperate with. If anything, it would be the latter.

- At a lower level of ambition, this would in effect, be a broadening of the research systems programme and our partnership with NIHR.

- It could form a key area of work under Accelerating UK Research in the context of the life sciences vision

Results of prioritisation scoring

Executive Committee attendees voted for their top two golden ticket areas according to strategic attractiveness and achievability. The results are as follows.

People in research

	Votes for Attractiveness, Achievability
Research with and for everyone (Champion of the people)	10,9
What next ethics review? Focus on people in research?	2,4
Untangling the digital spaghetti (use and re-use of routine and research data). Focus on trust?	1,0

A vibrant UK health and social care research sector

	Votes for Attractiveness, Achievability
Accelerating UK research in the context of the life sciences vision (note title change)	5,6
Integrated Research Application and Management System	5,2
What next ethics review? Focus on researcher experience?	2,4
Untangling the digital spaghetti (use and re-use of routine and research data). Focus on streamlining access to data?	1,0

Proposal for HRA Board

We focus our development on the following Golden ticket priority areas in:

- Business-as-usual delivery
    - with an emphasis on user-experience, streamlining, simplifying, and connecting up the end-to-end research system.
- Research with and for everyone (champion of the people)

    - Include the focus on research culture from What next ethics review
- Accelerating UK research in the context of the UK Life Sciences Vision

    - With an outstanding question whether this is focussed on life sciences industry, clinical research or the wider research community. Include an open platform for an integrated research application and management system (i.e. incorporate and build on RSP and work with IRAS partners, NIHR and MHRA)

Next steps (all dates are in 2022)

Initial sign-off by HRA board of golden ticket priority areas	19 January
Socialisation/stakeholder engagement including Joint AMS event	20 January – 1 March 17 February
Drafting of other sections of the Strategy document (except outline directorate level business plans and sub-strategies)	20 January – 1 March
Final sign-off by HRA board	March
Refresh of 2022/23 Business plan Development of outline directorate level business plans and sub-strategies	March
Design	March – April

Appendix A: Brief for the Purpose statement

Approach

Based on Simon Sinek's 'Start with Why'
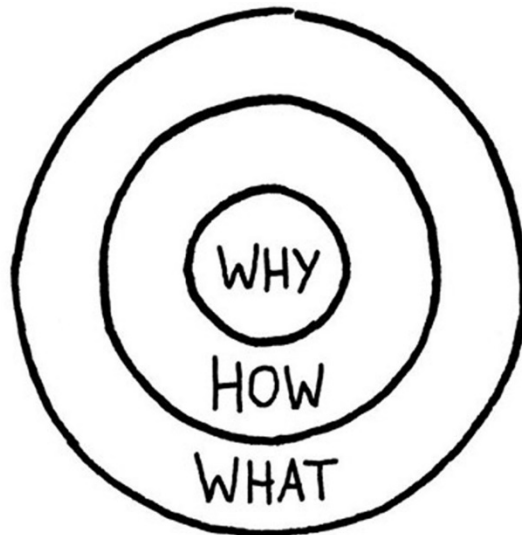
Why = The Purpose
What is your cause? What do you believe?

Apple: We believe in challienging the status quo and doing this differently

How = The Process
Specific actions taken to realize the Why.

Apple: Our products are beautifully designed and easy to use

What = The Result
What do you do? The result of Why. Proof.

Apple: We make computers

Style/tone

- As a social mission statement, this should elicit a values-based, emotional response – not explain what we do in practical terms. We should be proud of it, not interested by it. This is our rallying call not a list of our statutory duties.
- It should be outcome/outputs focussed not describe process or functions (that is important but lives elsewhere)
- It should capture 'why' we exist in terms of what we believe in, what inspires and motivates us to collectively strive to achieve it.
- It should be punchy, memorable and short – ideally less than 30-50 words in total (with the 'so that' statement) and recitable it within 10-15s. The point is we should all be able to recite by heart and people listening need to get it instantly without having to think about what is being said.
- It should work as a piece of rhetoric (links to the above points – if it's just a list of carefully chosen words it won't elicit an emotional response and won't be memorable)
- We need to get away from patronising language like 'protect' or 'empower'
- It needs to sound enabling and positive – not prohibitive and negative

Content

- Stay consistent with our statutory purpose
- It needs to convey our dual role – protecting/minimising harm/safeguarding/etc people who are participating in a particular study AND making it easy (promote) to do good research in general.
- It needs to be centred on patients/participants/people – yet give us permission to focus on making it easy for researchers and industry to do 'good' research (it mustn't read like permission to be obstructive or difficult).

- It needs to be all encompassing within our remit (health and adult social care research) but not so generic it is meaningless and people ask – why haven't you mentioned patients

Appendix B: Shortlisted Golden Ticket Priority areas

Slides 1-12 of the embedded power point contains the set of Golden Ticket priority areas discussed at the 5 January Executive Committee. For the outcome of that discussion see key points in the main paper.

Slides 13-20 of the presentation also includes the Golden Ticket priority areas updated AFTER the November Awayday for background reference.

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