# Our business plan

## Foreword by Matt Westmore, Chief Executive

***To be added as strategy document is finalised***

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# HRA 2022/23 business plan – introduction

We share a goal with others who work in health and social care research that requires us to work together to achieve it.

Anyone, anywhere in the UK, with any health or care need, from any background, can choose to partner with, get involved in, influence, take part in or learn from research that is relevant to them today. So that research can reduce health inequalities and improve health and social care for all of us tomorrow.

This requires the UK to have a world-leading research sector, providing many different opportunities for people to take part in high-quality, safe, ethical, and relevant research.

Fundamental to all of this is trust. Without trust, people won’t want to get involved in, participate in, engage with, or use research.

## How we work

***Add new infographic following HRA Board***

## Our role

We make it easy to do research that people can trust. We do this through providing essential services to researcher, patients and the public. These services are:



## HRA strategy: Making it easy to do research people can trust

***Add strategy infographic and strategic priority areas***

## We have developed enabling priorities help us achieve our strategy. They set our culture, enabling our people to do their best work as well as ensuring our technology meets the needs of the people who use and benefit from our services.

## Digital: Use digital technology well to do our work

We work in an agile and flexible way to design, develop and support easy to use, intuitive and accessible systems that reduce complexity, provide valuable insights to support improved decision making and deliver a consistent, predictable, high-quality service that allows researchers to plan effectively. To deliver this we will:

### User experience and engagement is at the heart of digital design

* Engage with users to create user-centric technology and a good user experience
* Develop a unified view of our user journey(s) to inform process improvement
* Put in place cross-functional teams dedicated to managing the entire customer journey

### Process automation and integration improves our work

* Automate repetitive, administrative tasks, lowering operational costs and enabling higher value services
* Increase compliance and security
* Improve customer service through process automation

### Digital creates value to the system and the HRA

* Use digital to improve user experiences of our services
* Innovate our services by using technology improvements
* Use data and analytics to improve customer journeys

## Improving ourselves: Always look for ways to do things better

We know that the delivery of our strategy and business plan requires agility, flexibility, collaboration and great connections. It relies on us enabling our people to do their best work. To do this they need an empowering culture that gives them a sense of belonging, encourages them to develop themselves, share knowledge and ideas and provides them with sources of expertise, effective tools, processes and resources. To deliver this we will:

### Continuously learn, improve and innovate

* Prioritise equality, diversity and inclusion
* Improve our approach to learning and knowledge, embracing digital
* Enable innovation, change and agility

### Be a great place to get involved and work

* Deliver our ambitious people strategy
* Grow our staff voice and support their wellbeing
* Continuously improve and streamline our services

### Commit to environmental sustainability and achieving net zero

* Reduce our carbon usage
* Enable our people to make a change
* Embrace a circular economy

## About us

We are a regulator of health and social care research, established by the Care Act 2014 and an arm’s-length body of [the Department of Health and Social Care (DHSC)](https://www.gov.uk/government/organisations/department-of-health-and-social-care). This means the Government has devolved some of its responsibilities to us. Most of our functions apply to research undertaken in England but we also work closely with the other countries in the UK to provide a UK-wide system.

We employ over 270 staff supported by a network of 1,000 experienced volunteers. Together we provide a UK-wide research review system coordinated across the regulators in the four nations, streamlining governance and promoting good practice across health and social care research. Our staff enable streamlined set-up and review of research, provide specialist advice, guidance and learning and support our committees and advisory groups.

We could not operate without our network of volunteers. They provide advice and review on research ethics committees, the Confidentiality Advisory Group and as part of our patient and public involvement network. They give their time freely to support health and social care research and our work. They make an invaluable contribution to our work, to research and to research participants.

The HRA is run by a Board led by Professor Sir Terence Stephenson. The members of the Board are our Chief Executive, Matt Westmore, two executive directors and four non-executive directors, with three further directors attending. The Board gives strategic oversight, agrees high-level policy and ensures that the HRA is run effectively and efficiently. Find out more about [our leadership](https://www.hra.nhs.uk/about-us/who-we-are/our-board-members/).

## How we will deliver change

There are three key aspects to our approach to change. We will be

* User-centred
* Iterative and agile
* Collaborative

We will work in quarterly change cycles to align activities with the HRA and to provide predictability for external users and stakeholders.

Where some activity will span quarters, we will look for ways to break down the longer-term goal in shorter team outputs and outcomes.

## Our response to Covid-19

## We adapted our operating model and developed new ways of working to respond to the global pandemic. We are keen to build on these changes to improve the services we offer. Innovations include the UK COVID-19 public involvement matching service, a new service offered to support researchers planning urgent COVID-19 research to access public involvement support. We developed this service after identifying a significant reduction in the number of studies involving the public in their design at the start of the pandemic.

We are also working with the Government and partners, as a consequence of the COVID pandemic, to take a system-wide approach to health and social care research. We are working in partnership to build back a better research system and position the UK as the global leader in clinical trials and investigations that meet the needs of patients, support the NHS, and boost the UK economy. This includes reinstating clinical research activity that was underway pre-COVID as well as maximising opportunities to rebuild a better research ecosystem.

The HRA is also preparing for the UK COVID inquiry, the independent public inquiry to examine, consider and report on preparations and the response to the pandemic in the UK. We are working with other organisations and the Government to consider the lessons learnt from the pandemic to improve how we operate but also strengthen our preparations for future pandemics.

# Our plans for 2022/23

Our strategy is delivered in all that we do. We achieve this by embedding our strategy through our planning, performance, innovation and change, people and risk management processes. These processes help ensure we successfully deliver on our strategic priorities and, importantly, our people understand their role in achieving our strategy.

We also deliver our strategy as part of the UK government and are committed to delivering on a number of government priorities as part of our strategy and business plan development. This includes:

## HRA in a global context

The UK is a global leader in research and innovation with our response to the COVID-19 health emergency reinforcing this more than ever. The HRA plays a critical role in enabling high-quality research and is pivotal in ensuring the UK remains a global leader as we look to the future. To achieve this, we will:

* ensure the UK offers an even more attractive and competitive environment for clinical trials by working with the Medicines and Healthcare products Regulatory Agency (MHRA) to deliver a streamlined and user centric regulatory approvals service
* engage with the devolved administrations on health and social care research, including the delivery of UK obligations under the terms of the Northern Ireland Protocol
* ensure the appropriate governance and accountability structures are in place to consider and implement policy and regulatory changes

Senior leaders and teams from the HRA will work closely with DHSC and the research community to support our world-class research sector and enable it to thrive.

***[text is being checked with DHSC sponsor team]***

## Levelling Up agenda: places for growth and addressing health inequalities

The Levelling Up agenda continues to be a core priority for Government, proactively strengthening public sector presence in the Nations, Regions and Communities across the UK to better connect and serve citizens. The HRA operates nationwide through hybrid working arrangements in addition to over one third of staff being remote workers. It has a network of five regional hubs and 64 research ethics committees with over 80% of our staff based outside of the South East, a reduction of 13% since 2018. We are committed to reducing further our London based roles through natural turnover with an emphasis on recruiting roles nationally where possible. In addition, 60% of our Executive Committee roles are based outside of London and 30% based outside of the South East.

DHSC has committed to ensuring 40% of the total workforce and 33% of its senior leadership roles are based outside London by 2025, increasing to 50% by 2030. The HRA is working towards this target and reports quarterly to Cabinet Office on the progress we are making.

Our strategic priority ‘embedding research for and with everyone’ has a key focus of inclusive and transparent research. We will work in partnership with the research sector and funders to improve access to research particularly increasing diversity in clinical trials and improving public involvement. Research and development investment is planned to target activities that enable levelling up across the country and initiatives aimed at tackling health and socio-economic inequalities.

How we will deliver our 2022/23 business plan

## Strategic priority 1:

## Include: Health and social care research is done with and for everyone.

### Include everyone in research

**What success will look like:** More diverse groups of people with relevant lived experience are involved in all stages of research and are able to take part, with the findings shared publicly so that they can be used to improve care.

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Push for change to increase diversity and inclusion in research | Set clear expectations for the diversity and inclusion of people taking part in research. | Deliver guidance with MHRA | Mar 23 |
| Increase public involvement in research | Improve awareness of our Best Practice Principles for public involvement and what we expect to see in an application for approval.Implement new public involvement requirements for clinical trials Implement new public involvement requirements for participants’ information | X% improvement in proportion of all studies meeting public involvement best practice principlesX% improvement in proportion of Clinical Trials of Investigational Medicinal Products meeting public involvement best practice principles. | Sep 22 – Mar 23 |
| Make transparency the norm for research | Help make transparency the norm by celebrating good practice and highlighting poor performance and developing ways to take action where researchers and sponsors do not fulfil their research transparency responsibilities.Champion research transparency | Publish transparency performance measuresConsult on sanctions policyAnnual conference and report delivered | Dec 22 – Mar 23Annual conference and report by Mar 23 |

### Ask you what you want research to look like and act on this

**What success will look like:** It is easier to put people first in research

|  |  |  |  |
| --- | --- | --- | --- |
| Focus  | In 2022/23, we will | Progress measurement | Month  |
| Champion issues that are important to people in research | Better understand what matters to people in research and what is important to earn their trust.Redevelop the HRA website for people in research. | Dialogue with members of the publicWebsite developed based on user need | Sep 22Jun 23 |
| Create public conversations about issues that matter to people | Create public conversations about issues that matter to people in research | Run a series of events about ethical issues in research | Sep 22 – Dec 22 |
| Encourage researchers to do a better job pf putting people first | Drive change to improve the extent and quality of public involvement in health and social care research so that it is consistently excellent.Identify how to encourage more people-centred clinical research | Promote our shared commitment to public involvement in health and social care research, leading, coordinating and reporting on actionRecommendations and implementation plan created. | All yearDec 22 |

### Involve you in the HRA

**What success will look like:** We can make better decisions, informed by a diverse group of people with lived experience.

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Increase public involvement in how we make decisions | Create more opportunities for people to be involved in our internal decision making.Support staff to meaningfully involve people in their work.Increase meaningful public involvement in our work | Pilot patient / public membership of decision-making committees.Act on lessons learned from pilotGuidance available to all staff.75% staff attended awareness raising eventDetermine baseline to measure improvementYear on year, 10% growth in the number of times people are involved in our work | Jun 22Jan 23Dec 22Mar 23Jan 23Quarterly reporting from Jan 23 |
| Listen to and involve a diverse group of people in our work | Include a more diverse group of people in our regulatory decision-making committees – research ethics committees and confidentiality advisory group.  | Increase in proportion people on our committees with certain protected characteristicsOROur Committee membership better reflects broader society (ONS data) | Mar 23 |
| Talk in a way that everyone can access and understand | Redevelop the HRA website to help people find out what the HRA is doing and why it matters | All content on our website meets the accessibility standardNew HRA website launched | Jun 23Jun 23 |

## Strategic priority 2:

## Accelerate: Research findings improve care faster because the UK is the easiest place in the world to do research that people can trust.

**Save money and time so that you can focus on doing good research**

**What success will look like:** It is easier for researchers to find out what they need to do and earn the approvals for their research to go ahead.

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Join up research approvals across the UK | Design and test an ideal user journey including new question sets and workflows for IRASImplement an interim cross-border toolkitDesign and test site set-up functionality and UK Approval for IRASDesign and test regulatory sequencing and statuses for IRASDesign and test new model for bioresource approvalDesign combined review for device investigationsDesign revised workflows for ethics review | Completed user requirementsPublished toolkitCompleted user requirementsCompleted user requirementsCompleted user requirementsCompleted user requirementsCompleted user requirements | Jul 22Jul 22Aug 22Jun 22Dec 22Sep 22Jan 23 |
| Make it easier to put people first in research | Lead on implementation of collaborative actions to enable people-centred researchDeliver a pilot with the Experimental Cancer Medicine Centres to test radically new site set-up arrangements Update UK-wide HR Good Practice PackSupport introduction of Find, Recruit and Follow up Service | Recovery, Resilience & Growth communication Model designed Evaluate pilotGuidance publishedService launch | Jun 22Oct 22Mar 23Jul 22Feb 23Aug 22Apr 22 |
| Make sure that precious NHS resources are focussed on research that will help Improve care | Support launch of National Contract Value Review ServicePublish 2 model agreements and maintain existing 12 agreements already publishedDevelop and publish guidance on amendments to support the resetProvide expert advice to the recovery work | Service launchedDelivered on timePublish guidanceAd hoc advice provided | Apr 22Mar 22Apr 22Jun 22 -Oct 22 |

**Create a new online system to help you make research happen**

**What success will look like:** A new online system is helping researchers take the steps needed to make their research happen.

|  Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Connect the steps that are part of doing research and make them easy to follow | Publish key findings of our strategic review of the programmeConfirm refreshed delivery roadmap for our research systems transformationImplement roadmap and agreed releases utilising user centric designLaunch IRAS website (public beta)  | Products produced to time and budgetGovernance decision made for refreshed delivery roadmapReleases deliver benefits on time and budgetUser satisfaction scores following launch 10% better | Jun 22Jun 22Sep 22 – Dec 24Nov 22 |
| Work with others so that each step you take informs the next | Implement new UK Approval Service, embracing user centric design and refreshed delivery approach to create workflows across research journey for all regulators, and revised question setsDeliver digital interfaces with IRAS partners and establish digital data flows across the research journey | Quarterly releases as per approved delivery roadmapQuarterly releases as per approved delivery roadmap | Sep 22 – Dec 24Sep 22 – Dec 24 |

### Support new ways to do research

**What success will look like:** The UK is a destination to do new types of research that people can trust.

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Work with research teams to explore new ways to do research and make them happen | Convene a cross-sector group to coordinate delivery of initiatives that support:* decentralised trials,
* virtual trials,
* novel designs and
* digitally-enabled clinical research

Encourage decentralisation of clinical researchDesign and implement a case management service for innovative studiesSupport MHRA’s Innovative Licensing and Access Pathway (ILAP) service | Group establishedMapping and gap analysis of existing workIdentification and allocation of new initiativesCoordination and disseminationPublish guidance on oversight of non-interventional researchPublish guidance to support research patient pathways across Integrated Care SystemsDevelop design for service Pilot serviceAlign queries line servicePublish joint updates on service | May 22Jul 22Jun 22 – Mar 23Jun 22 – Mar 23Sep 22Dec 22Jun 22Oct 22Dec 22Jun 22 - Dec 22 |
| Learn together to make sure regulation keeps up with research so you can trust our decisions | Introduce a streamlined service for reviewing data-driven research studies and supporting applicants through the processConsult on new, more proportionate pathways for research ethics reviewSupport implementation of new Clinical Trials Regulations, including guidanceImplement a new approach to developing and reviewing information for potential participants in research in collaboration with the UK nations | Enhanced application processClear guidance for applicantsEvidence on stakeholder attitudes and implications of introducing more proportionate ethics review pathwaysPublish guidanceIntroduce new quality standards, design principles and standardised ethics committee review framework  | Sept 22Oct 22Nov 22Dec 22 |

## Enabling priority 1

## Digital: Use digital technology well to do our work

### User experience and engagement is at the heart of digital design

|  |  |  |  |
| --- | --- | --- | --- |
| Focus  | In 2022/23, we will | Progress measurement | Month |
| User experience and engagement is at the heart of digital design | Embrace agile product development mindsets, approaches and behaviours, and Human Centred Design principals will be embedded into the heart of the programmeWork with all research systems teams in aligned sprints, with consistency in ceremonies, definitions, and toolingCreate and maintain a well-articulated, regularly groomed, estimated and prioritised backlog of requirementsConduct development sprints that have goals and deliver increments of deployable softwarePut in place functioning feedback loops to allow metrics at all levels to be generated to ensure we are making progress, in the right direction | Human-centred design will be driving product decisions. Designed and implementedDesigned and implementedDesigned and implementedDesigned and implemented | Sep 22Aug 22 – Sep 22Aug 22 – Sep 22Aug 22 – Sep 22Aug 22 – Sep 22 |

### Process automation and integration improves our work

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Process automation and integration as an enabler – digital service management | Procure and implement digital service management to optimise processes, connect silos, and create new value on a single, unifying platform to digitise our entire business customer relationship experience.Digital service management will allow HRA to create great user experiences and unlock productivity through digital workflows which cross HRA teams involved in IRAS support calls. | Business case finalisation.Digital service management implementation measured monthly through progress reporting to governance board.Logging and tracking of calls will be much easier, and insight into call types, volumes and resolution times will be much simpler. | Oct 22Feb 23Feb 23 |
| Process automation and integration as an enabler – data warehouse | Develop and implement a data warehouse to automate transformation and cleanse of research approval process data. This will ensure HRA decision making is informed, ensuring we are focussed on our user needs. | Data warehouse business case written and approved.Data warehouse implementation measured monthly through progress reporting  | Sep 22Jan 23 |
| Process automation and integration as an enable – cyber security | Put in place (if not already) and monitor extensive strategies to manage cyber risk in line with best practice  | Monitored and reported quarterly | Jun 22; Sep 22; Dec 22; Mar 23 |

### Digital creates value to the system and the HRA

| Focus  | In 2022/23, we will | Progress measurement | Mth |
| --- | --- | --- | --- |
| Digital creates value to the system and the HRA | Construct and provision a new micro-services-based systems architecture to support HRA’s digital transformation. The new architecture will include:* Modern and widely used microservices
* User experience prioritised
* Excellent integration across the research system
* Structured, organised data
* Flexible, reliable, value adding reporting
* Strong workflow functionality
 | The ‘roadmap’ for the architecture development is measured in quarterly tranches, each with individual assessments leading to GDS Alpha. Progress will be monitored based on this roadmap and phased budget.  | Sep 22 – Dec 24 |

## Enabling priority 2:

## Improving ourselves: Ensuring we have the right culture and capability to deliver our strategy

### Continuously learn, improve and innovate

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Prioritise equality, diversity and inclusion (EDI). | Build organisational confidence to have inclusive conversations Build an online EDI resource hub Embed EDI considerations into policy and project design | 4 ‘Let’s talk sessions’ deliveredResources published to the hub quarterlyIncrease in number of completed initial Equality Impact Assessments by 25% | May 22 – Feb 23May 22 – Mar 23Mar 23 |
| Improve our approach to learning and knowledge, embracing digital | Deliver an inclusive leadership competencies, values and behaviours framework Deliver leadership and management foundations programmesPromote a consistent 70:20:10 blended learning approach enabling staff to be responsible self-directed learners Make a decision on the platform(s) to deliver learning for staff, members and researchers | Draft consultationFinalise7 management modules delivered to timetableLeadership modulesTeams delivery of two modulesGovernance decision taken | Sep 22Oct 22Sep 22 – Mar 23Jun 22Jul 22Oct 22 |
| Enable innovation, change and agility  | Develop and implement an innovation and change delivery framework, learning from our experiences and best practice to create a model that works for our community and the sector we serveSet up an idea and innovation hive to encourage and capture staff’s ideas for innovation and changeHave a named Director as our Innovation ChampionSupport staff to participate in staff-led groups | Propose delivery framework with and for consultationImplement agreed model Set up and work with staff and the organisation to have this in placeDirector confirmed by Executive CommitteePublicise the guidance to support staff to get involved  | Dec 22Mar 23Mar 23July 22Oct 22 |

### Be a great place to get involved and work

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Deliver our ambitious people strategy | Focus on fairness and inclusivity in HRA RecruitmentDeliver Stepping into leadership programmes of learning to support BAME colleagues and those with protected characteristics Develop and publish HRA’s modern slavery statement | Update and publish recruitment policy and guidanceTraining package developedResources published to the websiteGaining places for the cohort on the NHS Leadership Academy Edward Jenner programme Additional tailored learning packages Statement published on website | Aug 22Oct 22Dec 22May 22Sep 22Oct 22 |
| Grow our staff voice and support their wellbeing | Appoint a Non-Executive Director as a Wellbeing guardianExpand our Mental Health First Aider support, increasing the number and diversity of mental health first aiders, promoting the support they can offerDevelop well-being related learning – personal resilience, building resilience in your team, building assertiveness, personal effectiveness, new starter packPay transparency guidanceGrow systematic and organic opportunities to engage the employee voice | Director AppointedAn active network utilised by staff – track numbers of calls for supportDeliver learning packagesPublish guidanceReview and refocus staff forum purpose and terms of reference | Sep 22Apr 22Jul 22Oct 22Jan 23Jun 22Oct 22Jun 22Dec 22 |
| Continuously improve and streamline our services  | Recruitment ProcessStrategic people planningCommercial processEmbrace SharePoint, improving knowledge sharing and automation of day to day processes | Develop and publish recruitment process guidance Set the baseline and set up the process for people planningLaunch first tranche of new commercial processNew records management policy 5 forms / quarter developed. 20 for the full year.  | Dec 22Jul 22Jun 22Jul 22Jun 22 – Mar 23 |

**Be committed to environmental sustainability and achieving net zero**

In 2022/23 we will embed environmentally sustainable practices into our daily business, making sustainability the norm.

| Focus  | In 2022/23, we will | Progress measurement | Month |
| --- | --- | --- | --- |
| Reduce our carbon usage | Reduce and maintain business travel at significantly lower levels than pre-pandemic rates by 2025Limit all domestic flights to essential travel to and from Northern Ireland only.  | Baseline: 2017/182022/23: 60% reduction100% reduction in domestic flights to mainland UK.  | Mar 23Mar 23 |
| Enable our people to make a change  | Raise awareness of ways in which staff can be more sustainable and / or reduce their carbon emissionsProvide tools for staff and HRA Community to undertake a personal carbon assessment  | Agreed timetable of awareness sessions Signposting implemented | Oct 22Jan 23 |
| Embrace a circular economy  | Collaborate with our landlords to introduce five different types of recycling collection in each of our offices as standard, increasing this wherever possible. As a minimum this should include paper, cardboard, plastics and aluminium can recyclingRemove single use plastics from our procurement options for each new contract procured. | 2 offices4 offices5 offices | Jun 22Dec 22Mar 23Jan 23 |

# Financial plan

Our total funding anticipated for this year is £24.3M (2021/22: £27.0M). We receive most of this directly from the Department of Health and Social Care. In 2022/23 this funding, known as grant-in-aid (GIA), will be £18.9M (2021/22: £20.3M) to fund revenue activities, £2.6M (2021/22: £2.8M) to fund capital investment and £1.7M (2021/22: £1.4M) to fund non-cash revenue (for example, depreciation).

The rest of our revenue comes from two other sources:

* £0.7M from NHSX to fund regulatory work supporting data driven technologies (2021/22: £2.3M)
* £0.4M from the devolved administrations as part of cost sharing arrangements for ethics review and UK wide research governance (2021/22: £0.4M)

The HRA is committed to providing value to the public purse. We achieve this in two ways:

* Streamlining the research approval process, driving economies and efficiencies to the research sector
* Achieving ‘more for less’ in our services and policy work, by continuously improving our processes, reducing duplication and using technology to add value and reduce costs

We have planned for a balanced income and expenditure position for 2022/23 on our core services and activities. The financial plan table sets out our sources of revenue funds for 2022/23. It also shows how these compare with our 2021/22 financial plan.

### Capital funding

Our total capital funding is £2.6M (2021/22: £2.8M). This funding supports the HRA core infrastructure (estates and technology) as well as research systems transformation investment classified as capital costs, based on accounting best practice. The following table shows how capital funding will be invested.

|  |  |  |
| --- | --- | --- |
|  | **2022/23****£000** | **2021/22****£000** |
| Research systems transformation programme | 2,448 | 2,565 |
| HRA infrastructure (estates and technology) | 160 | 200 |
| **Total capital expenditure** | **2,608** | **2,765** |

### Research systems transformation

The HRA gained approval for our research systems transformation programme from DHSC Investment Committee in December 2020. Funding and activity related to this programme are included within this business plan for 2022/23 with comparatives from 2021/22. Some reprofiling of costs have been incorporated into our plans following a strategic review of the programme in early 2022.

## Financial plan 2022/23

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **2022-23** | **2022-23** | **2022-23** | **2021-22** | **2021-22** | **2021-22** |
|  | **Pay £000** | **Non Pay £000** | **Total £000** | **Pay £000** | **Non Pay £000** | **Total £000** |
| **Regulatory Services** |  |  |  |  |  |  |
| Integrated approval service  | 6,179 | 435 | 6,614 | 5,810 | 505 | 6,315 |
| Confidentiality advice service  | 358 | 47 | 405 | 311 | 48 | 359 |
| Guidance and learning  | 393 | 133 | 527 | 378 | 155 | 533 |
| Quality assurance  | 128 | 12 | 140 | 120 | 13 | 133 |
| Approvals support  | 533 | 425 | 959 | 502 | 409 | 911 |
| Innovation and improvement  | 538 | 0 | 538 | 961 | 229 | 1,190 |
|  | **8,130** | **1,054** | **9,183** | **8,082** | **1,359** | **9,441** |
| **Strategy, governance, and policy** |  |  |  |  |  |  |
| Corporate governance & chief executive  | 729 | 147 | 876 | 622 | 189 | 811 |
| Policy and engagement  | 922 | 95 | 1,018 | 688 | 94 | 782 |
| Communications  | 203 | 148 | 351 | 234 | 53 | 287 |
| Public involvement  | 196 | 30 | 226 | 142 | 14 | 156 |
| Streamlining data driven research  | 276 | 425 | 701 | 330 | 1,926 | 2,256 |
| Strategic activities | 688 | 70 | 757 | 750 | 1,533 | 2,283 |
|  | **3,014** | **915** | **3,929** | **2,766** | **3,809** | **6,575** |
| **Digital**  |  |  |  |  |  |  |
| Research systems | 2,741 | 1,966 | 4,707 | 2,741 | 1,937 | 4,678 |
| Infrastructure | 144 | 437 | 580 | 123 | 560 | 683 |
|  | **2,885** | **2,403** | **5,287** | **2,864** | **2,497** | **5,361** |
| **Corporate functions** |  |  |  |  |  |  |
| Corporate Services  | 455 | 49 | 504 | 547 | 36 | 583 |
| People, diversity, inclusion & learning | 373 | 290 | 663 | 327 | 267 | 594 |
| Finance, commercial & estates | 630 | 378 | 1,008 | 491 | 299 | 790 |
|  | **1,458** | **717** | **2,175** | **1,365** | **602** | **1,967** |
|  |  |  |  |  |  |  |
| **Total before depreciation and efficiency** | **15,487** | **5,088** | **20,547** | **15,077** | **8,267** | **23,344** |
| Efficiency savings & inflationary pressures | -540 | -27 | -567 | -338 | -200 | -538 |
| **Total (before Depreciation)** | **14,947** | **5,060** | **20,007** | **14,739** | **8,067** | **22,806** |
| Depreciation | 0 | 1,700 | 1,700 | 0 | 1,408 | 1,408 |
| **Total (after Depreciation)** | **14,947** | **6,760** | **21,707** | **14,739** | **9,475** | **24,214** |

|  |  |  |
| --- | --- | --- |
| **Funded by**  | **2022/23**  | **2021/22**  |
| DHSC grant in aid   | 18,936  | 20,270  |
| NHS AI Lab   | 701  | 2,256  |
| Non-cash revenue (depreciation funding)  | 1,700  | 1,408  |
| Other income (unconfirmed)  | 370  | 280  |
| **Total**  | **21,707**  | **24,214**  |