Agenda item:	
Attachment:	

HRA Board meeting

16 November 2022

Title of paper:	Strategic Engagement Update: who we are talking to, about what, and why - November 2022
Submitted by:	Will Griffiths-Stent (Senior Engagement Manager, HRA), on behalf of colleagues across the HRA.
Summary of paper:	This paper provides an overview of the HRA's strategic engagement activity from mid-September to the start of November 2022 to support our strategic objectives.
Reason for submission:	For discussion
Further information:	N/A
Budget / cost implication:	N/A
Dissemination:	HRA website
Time required:	10 minutes

Communications, Engagement and Involvement update

This paper provides a summary of the HRA's strategic engagement activities from mid-September to late October 2022 to support our strategic objectives.

The paper begins with a series of wider relevant updates on the political environment, as well as ongoing consultations we are responding to. It then moves on to information on HRA's engagement activities in this period, beginning with a visual overview of this activity through three timelines.

Where expected engagement with stakeholders does not appear this may be due to regular stakeholder engagement activities not falling within this reporting period. We are currently seeking assurance on our engagement with industry stakeholders, which will inform whether we need to make any changes to how we do this going forward to ensure we are engaging with all of our industry stakeholders appropriately.

Any text highlighted in bold denotes an activity that also represents a Recovery, Resilience and Growth (RRG) programme commitment.

Wider Updates:

Political environment

A reshuffle followed the appointment of Rishi Sunak MP as the Prime Minister. The Secretary of State for Health is now Steve Barclay MP and the Minister with responsibility for the HRA is Will Quince MP.

In the Department for Business, Energy and Industrial Strategy, Nus Ghani MP is Minister for Science and Investment Security and George Freeman MP has also returned as a Minister.

The National Science and Technology Council has been established as a Cabinet Committee reporting to the PM.

Following a number of recent fiscal events, an autumn statement is expected on 17 November.

Consultations

The HRA is planning to respond to a WHO consultation on "Strengthening clinical trials to provide high-quality evidence on health interventions and to improve research quality and coordination", which provides opportunities to highlight a number of areas where we are seeking to drive change including transparency and increasing diversity and inclusion in research.

NIHR funding announcements

NIHR announced funding for new centres and collaborations: NIHR Biomedical Research Centres (BRCs), NIHR Patient Safety Research Collaborations (PSRCs) and Health Determinants Research Collaborations (HDRCs).

NIHR BRCs are partnerships that bring together NHS trusts and universities, to translate lab-based scientific breakthroughs into potential new treatments, diagnostics and medical technologies. This is the fourth round of NIHR BRC funding, with nearly £790 million provided to 20 Centres across England. A full list can be found here.

NIHR PSRCs are also partnerships between NHS and universities, for research to improve incident reporting and investigations, digital innovations to improve patient safety and harness learning from

service adaptation during the COVID-19 pandemic. Funding for £25 million has been awarded to 6 PSRCs, which can be found here.

Funding of £50 million has also been provided to 13 local authorities across the UK, to set up HDRCS between experts and academics to tackle health inequalities in local areas and improve health outcomes across the country. Further information is available here.

ABPI position paper

The ABPI published a position paper, *Rescuing patient access to industry clinical trials in the UK*, with new data on industry clinical trial activity in the UK. The report showed that:

- The number of industry clinical trials initiated in the UK per year has fallen by 41% between 2017 and 2021. This means the UK's global ranking for Phase III industry trials fell from 4th in the world in 2017 to 10th in 2021.
- The number of people recruited to industry clinical trials on the NIHR Clinical Research Network fell from 50,112 participants in 2017/18 to 28,183 participants in 2021/22.

In view of these findings, ABPI proposed three short term-actions:

1. Prioritise interventional industry clinical trials
2. Improve set-up processes for industry clinical trials
3. Leverage industry clinical trials to boost NHS research capacity and culture

We responded to the report with the below comment and are in conversation with ABPI and other stakeholders on the recommendations contained in the paper.

The ABPI's report draws attention to the importance of research in the UK. We know that people want to take part in research to help improve the quality of care provided in health and social care services.

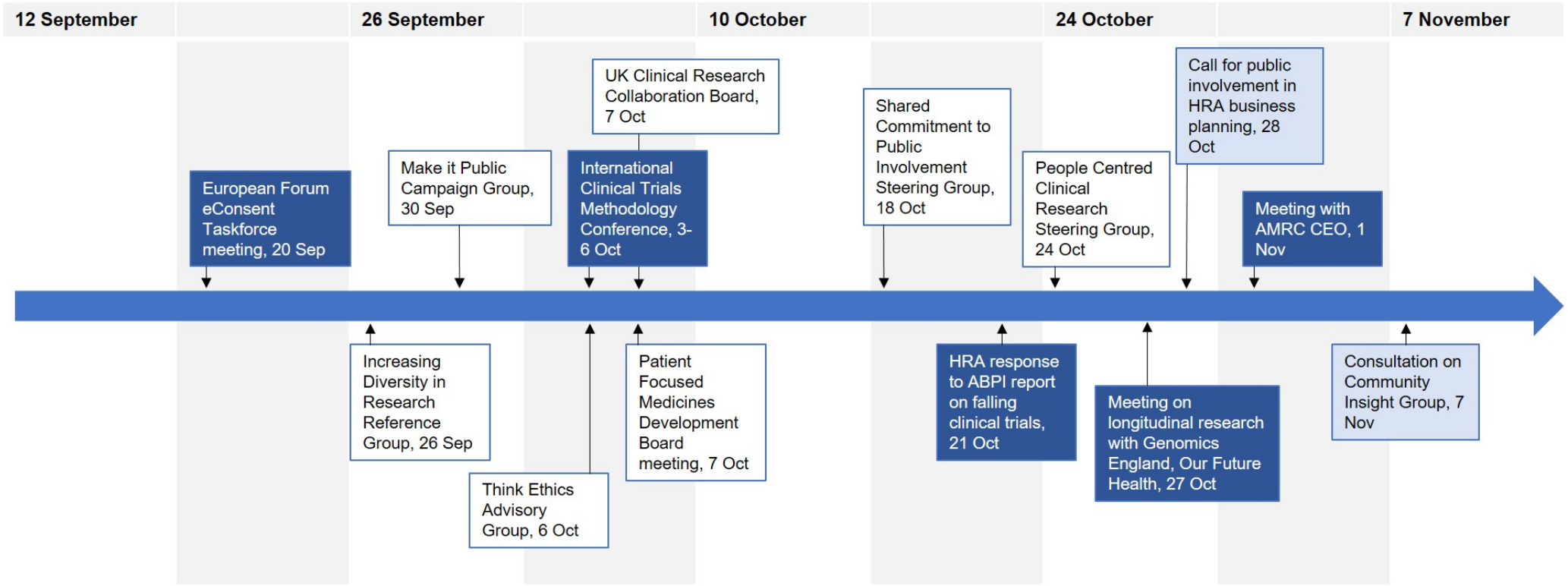
More research being carried out means there are more opportunities for the findings of that research to improve care.

Our aim is to make the UK the easiest place in the world to do research that people can trust. We protect people involved in research through our reviews and approvals of research projects. We are working to make it as easy as possible for researchers to find out what they need to do and earn these approvals, making the UK an attractive place to do research.

We are also working with partners to help make research happen. Our new combined review process with the MHRA has halved the time it takes for researchers to earn the approvals that they need from both organisations.

There is more to do, and we are working closely with our UK-wide partners and the research community, including ABPI, to ensure that we put people first in research, and make the UK the easiest place in the world to do research that people can trust.

Activity supporting our ‘Include’ strategic commitment



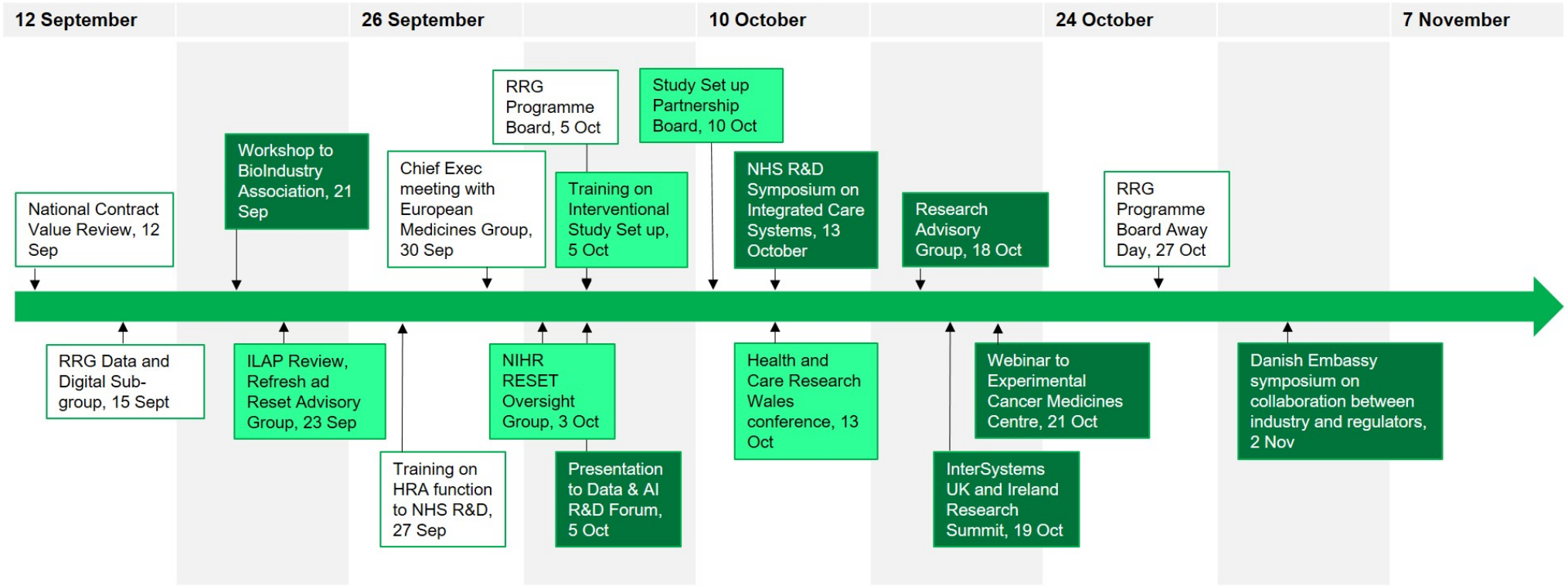
HRA Strategic Engagement update

Activity relating to 1.1. – ‘Include everyone in research’

Activity relating to 1.2. – ‘Ask what you want research to look like and act on this’

Activity relating to 1.3. – ‘Involve you in the HRA’

Activity supporting our ‘Accelerate’ strategic commitment

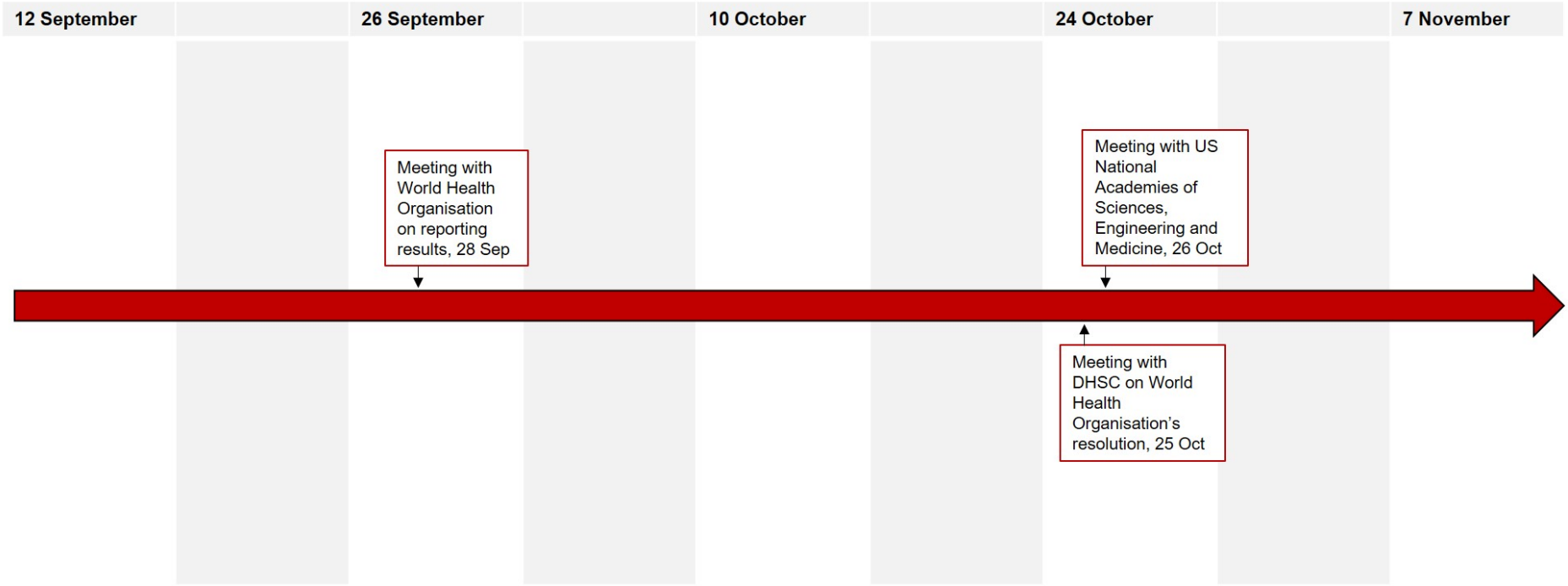


Activity relating to 2.1. – ‘Save money and time so that you can focus on doing good research’

Activity relating to 2.2. – ‘Create a new online system to help you make research’

Activity relating to 2.3. – ‘Support new ways to do research’

Activity supporting proposed changes to the regulation of clinical trials



1. Activity supporting 'Include' - 'Health and social care research that people can trust is done with and for everyone'

1.1. Include everyone in research

We will:
- *Push for change to increase diversity and inclusion in research*
- *Increase public involvement in research*
- *Make transparency the norm in research*

1.1.1. People Centred Clinical Research Steering Group meeting, 24 October

- The project aims to find new ways to deliver clinical research in the UK and to use this knowledge to support them to happen. The group includes members of the public and research community, HRA, and leads from the University of Lincoln.
- This month we reviewed proposed 'hallmarks' of people-centred clinical research. This is a set of principles research will show if people are at the heart of how the project is designed and delivered. We also reviewed our draft survey, which will be seeking views on:
    - What matters most to people about taking part in research
    - Experiences of research (good and bad) and any examples of good practice
    - The barriers for research teams and what would help
    - Information about respondents

1.1.2. Shared Commitment to Public Involvement

- We continue to recruit new organisations to make their own commitment and to join the wider group. This month NIHR ARC North East and North Cumbria was officially approved to join. They are one of 14 NIHR funded research collaboratives around the country helping to reach people and communities often excluded from research. The news was announced on the HRA website and on social media, as well as by NIHR ARC NENC themselves.
- We also met with Cochrane to secure their sign up to the Commitment, and are liaising with HDR-UK to bring them onboard ahead of their conference on 14 December.

1.1.3. Patient Focused Medicines Development (PFMD) Board meeting, 7 October, and follow-up meeting on Shared Commitment to Public Involvement, 26 October

- PFMD is a global partnership of pharmaceutical companies, including GSK, Astra Zeneca, MSD, Pfizer, Roche, and Novartis supporting the involvement of patients in medicines development.
- The Board meeting discussed future focus for PFMD, identifying the need for its member organisations to do more around by advocating for patients and the public. We have made clear our remit and ability to support across this.
- We hope PFMD will join the Shared Commitment, and also met with Novatis and Roche individually, to encourage their signing up.

1.1.4. UK Clinical Research Collaboration (UKCRC) Board, 7 October

- Matt Westmore joined the October meeting of the UKCRC Board, chaired by Lucy Chappell.
- The meeting included updates from UKCRC members, and a wider discussion on the UK Health Research Analysis series to date. This seeks to answer the question 'who funds what and where?' in health research in the UK, with proposals for an updated Analysis to be produced in 2023.

1.1.5. Make it Public Campaign Group meeting, 30 September

- We hosted the September meeting of the cross-sector campaign group driving progress to make transparency the norm in research.
- The group agreed three key themes for next year's Make it Public conference, taking place in March 2023, where it would be helpful to highlight best practice:
    - Ensure outcomes are fed back to participants
    - Ensure that summary results of trials are published
    - Raise awareness of research opportunities

1.1.6. Think Ethics Advisory Group meeting,

- We hosted the October meeting with members of the cross-sector advisory group. The group advised on plans under 'Ethics in Focus' to increase visibility and knowledge of HRA and Research Ethics Committees (RECs) and increase consistency of RECs in process and experience. The group also advised on our 'Information and Consent' project, specifically on issues raised in an earlier workshop regarding public involvement in international studies and in Phase 1 studies.

1.1.7. External meetings to support developing joint guidance with Medicines and Healthcare Products Regulatory Agency (MHRA) to increase participant diversity in research: Increasing Diversity in Research Reference Group meeting, 26 September

- Over this report period we met with NHS England, NIHR, and ABPI individually, to continue to build our understanding of ongoing work by organisation in the sector on equality, diversity and inclusion (EDI). This learning will inform our work with MHRA.

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

We will:

- *Champion issues that are important to people in research*
- *Create public conversations about research issues that matter to people*
- *Encourage researchers to do a better job of putting people first*

1.2.1. Meeting with European Forum GCP eConsent and Inclusiveness Taskforce, 20 September

- Led by Hilde Vanaken, with attendees from pharma, suppliers, research sites, research institutes, ethics committees, and participants. The group is looking at eConsent and how digital media could improve the consent process to benefit everyone.
- The HRA's regulatory and ethics-focussed input will ensure any future guidance or database will be workable in the UK.

1.2.2. Panel presence at the International Clinical Trials Methodology Conference, 3-6 October

- Jim Elliott joined as a panel member for the conference, with the audience of 900 delegates made up from trials methodologists, statisticians, patient advocates (referred to as Patient Partners), and others involved in delivering clinical trials.
- Outcomes from the conference for HRA included growing relationships with the MRC-NHIR Trials Methodology Research Partnership, and promoting the growing involvement of patients in the work of the Research Partnership.

1.2.3. Meeting with Genomics England and Our Future Health to discuss longitudinal research, data collection, and capacity, 27 October

- We discussed issues impacting longitudinal research studies when engaging with the research provisions of the Mental Capacity Act 2005 (the 'MCA'). We felt legislation and

related guidance do or could impede valuable research in the public interest or create a loss of amenity for participants who are enrolled in long-term studies.
- We agreed to approach and work with condition-specific organisations to raise awareness, and to collaborate to identify what we can do to better understand public views to inform best practice

1.2.4. Response to ABPI report
- We co-ordinated an HRA response to the ABPI report on falling levels of clinical trials in the UK. This reaffirmed the HRA's commitment to put people first in research and make the UK the easiest place in the world to do research that people can trust.

1.2.5. Supporting the NHS R&D Forum Annual Conference 2023
- The conference for NHS research and development teams is held in association with the HRA and our comms and engagement are promoting the event and encouraging involvement. We are currently preparing our sessions for the Conference, and will be showcasing as much as possible the full range of HRA activity here.

1.3. Involve you in the HRA

We will:
- *Increase public involvement in how we make decisions*
- *Listen to and involve a diverse group of people in our work*
- *Talk in a way that everyone can access and understand*

1.3.1. Call for public involvement in business planning for 2022/2023, 28 October
- We published a call for members of the Public Involvement Network to join our upcoming business planning meeting in January 2023. This is a first for the HRA, and builds on the previous joint working done in the summer to develop our strategy.
- We have said the role will be to act as a 'critical friend' and help us ensure that the work we at the HRA are planning is true to our new strategy. The deadline for responses is 21 November.

1.3.2. Launch of consultation to changes to the Community Insight Group, 7 November
- We have launched our consultation on changes to the Community Insight Group to become a Community Committee, which will advise the Board and increase the voice of our community in our governance as part of this strategic commitment.
- The consultation will be open for four weeks, when we will then use the findings to develop proposals for the future of the Group, which will come to HRA Board for approval.

2. Activity supporting 'Accelerate' – 'Making it easier to do research'

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

We will:
- *Join up research approvals across the UK*
- *Make it easier to put people first in research*
- *Support action to ensure precious NHS resources are focused on research that will help improve care*

2.1.1. Continued significant influence and engagement in the Recovery, Resilience and Growth (RRG) Board and leadership

- Led by Janet Messer, we continue to lead and influence core areas of the RRG programme. This month we co-led a session at the RRG Programme Board Away Day with DHSC, exploring the issues around change management in the NHS.
- We presented on the full range of HRA activities to the RRG Data and Digital Subgroup meeting, covering coordination and standardisation, policy work to understand developments in data-drive technology and AI, and developments to IRAS. We also continue to have regular meetings with MHRA and NHS England to further develop our joint work.

2.1.2. Meeting with the European Medicines Group (EMG), 30 September

- The EMG brings together UK operating companies of 22 continental European-headquartered research-based pharmaceutical companies. This includes Almirall, Bayer, Ipsen, Lundbeck, Merck, Novo Nordisk, Novartis, Roche, and Sanofi.
- Matt attended the private meeting and shared HRA's vision and priorities, and how they aligned with the Life Sciences Vision, as well as discussion over key priorities in clinical research environment. These included opportunities to embed clinical research in ICSs, patient recruitment, innovative clinical trial design learning from COVID, and reporting on clinical trials performance.

2.1.3. Engagement with NIHR to reset the research portfolio via the Reset Oversight Group, 3 October

- We continue to advise on actions to reset the NIHR portfolio to create capacity to improve the set-up and delivery of clinical research.

2.1.4. Delivery of training on HRA function to NHS R&D Thames Valley and Surrey, 27 September

- A training event that highlighted the work HRA does, scope of the HRA and its remit as well as providing detailed operational description of the process, activities and review undertaken by the Approval service. This builds trust in HRA and HCRW Approval as local NHS organisations are able to take assurance from the reviews we do, leading to reduced duplication and more streamlined set up and NHS sites.

2.1.5. National Contract Value Review (NCVR) Governance Group, 12 September

- We are lead contributors to the development of NCVR, which aims to speed up the set-up of clinical research by providing a rapid, predictable and efficient mechanism for establishing the value of a commercial contract between the commercial sponsor and sites, without the need for local renegotiation.
- Recently the NCVR process has passed a further milestone with the rollout of National Coordinators for contract value review for commercial studies.

2.2. Create a new online system to help you make research happen

We will:
- *Connect the steps that are part of doing research and make them easy to follow*
- *Work with others so that each step you take informs the next*

2.2.1. Presentation on our accelerate activity at the Health and Care Research Wales annual conference, 13 October
- We shared our UK-wide work on our accelerate agenda with attendees to the conference, describing the vision for a UK-wide approval service. We also pushed the importance of people-centred working to improve the delivery of clinical research.

2.2.2. Innovative Licensing and Access Pathway (ILAP) Refresh, Review and Reset workshop, 23 September
- Matt joined the workshop, hosted by the Medicines and Healthcare products Regulatory Agency (MHRA). The purpose was to seek perspectives on its progress from the mains stakeholders in the UK health system with an interest and/or commitment to reducing the time to patient access for innovative medicines.
- The session covered what had been learned in the first 20 months of the ILAP, as well as review of the scope of the project.
- We advocated through our feedback that ILAP must be transparency, and that pathway must work closely with patients and the public to foster trust. Further engagement with workshop participants will be sought in the coming months.

2.2.3. Continued input into work of NIHR Patient Recruitment Centres, 27 September
- We continue to advise and inform the work of the NIHR Patient Recruitment Centres, encouraging them to maintain a focus on accelerating the delivery of commercial studies in the NHS, maximising people-centred models.

2.2.4. Delivery of training on Interventional Study Set up guidance, 5 October
- HRA delivered a short training session and interactive question and answer session on the interventional study set up guidance published in 2021.
- This enabled managers to understand the variety of models available to sponsors for delivering interventional research in the NHS. It enables relationships to be built with this group of stakeholders who sit outside of other meeting and forums.
- Attendees were CTU operational managers from across the UK (arranged by UCL Cancer CTU).

2.2.5. Continued engagement with Cambridge University and Hospital R&D, University College London (UCL) Cancer Clinical Trials Unit on the Ideal Path
- We met with Cambridge University and Hospital R&D department and UCL Cancer Clinical Trials Unit throughout October to discuss concept of the ideal path and ask specific questions about stages of the research journey.
- We have further meetings planned with stakeholders across the research landscape (delivery and operational staff from Universities, CTU, NHS and commercial) to collect intelligence to inform the development of the UK Ideal Path for study set up.

2.2.6. Study set up Partnership Board, 10 October
- Regular meeting attended by HRA, with partners from industry, NHS R&D, higher education institutions sponsors and clinical trials units (CTUs). The overarching focus is to support HRA to improve study set up practice at sites across England and feed this on via the Four Nations Policy Leads.
- This meeting reviewed the amendments survey results and RRG reset with partners.

2.2.7. Engagement and steering best practice via the NHS R&D Forum HIVE mind meeting

- At this regular meeting we responded to queries from the NHS R&D community, to steer good practice in supporting members of the R&D community to work in alignment with national process and policy direction.

2.2.8. Testing new ways of supporting users applying using combined review

- A new module to support applicants using the new part of IRAS to apply for combined review is being trialled. A communications and engagement plan is testing the best way of supporting users and the most effective ways of sharing new products and changes, insight that will be rolled into future planning as the research systems programme restarts.

2.3. Support new ways to do research

We will:

- *Work with research teams to explore new ways to do research and make these happen*
- *Learn together to make sure that regulation keeps up with research so that you can trust our decisions*

2.3.1. Workshop on research sites at the NHS R&D Forum Symposium on Integrated Care Systems (ICSs), 13 October

- Hosted by NHS R&D Forum, this multi-stakeholder initiative brought together key stakeholders and the research community to understand the structures of ICB's/ ICS's and consider how research will be set up and delivered within Integrated Care Services, exploring potential barriers and solutions for overcoming these.
- 100 attendees in total included senior members of the NHS R&D community. Topics and workshops came from DHSC, NIHR and NHSE. The HRA held a workshop on enabling research in the new structures, and what constitutes a research site. We listened to feedback from the community on what they may need from the HRA in terms of new guidance and updates to existing guidance.

2.3.2. Presentation on HRA work on privacy and confidentiality in data/AI research to the Data and AI R&D Forum group, 5 October

- We presented to the Data and AI R&D Forum Group on the Streamlining Data Driven Research programme, with particular focus on promoting the trustworthy use of patient data and outputs of projects within the programme most relevant to Information Governance specialists. This included an overview of new resources to be published shortly on the HRA's website that will help researchers and others navigate the regulatory pathway when developing data-driven healthcare technologies, and the data access ecosystem in England and Wales.
- Specific attention was drawn in the Q&A to problems faced by R&D professionals around whether activities are research or service improvement, with a request for more guidance from the HRA, which we will be taking forward.

2.3.3. Presentation and workshop with BioIndustry Association (BIA) members on the regulatory pathways in AI and data-driven research, 21 September

- This workshop provided an overview of the regulatory pathways in AI and data-driven research, with a focus on HRA work to support the review of data-driven innovations.
- Attendees, largely small to medium size companies, gained an understanding of how and when to engage with the HRA and why, the purpose of REC and CAG and how the

fit in with the wider data ecosystem. They also learned more on the Multi-Agency Advice Service (MAAS) and The Innovation Service as platforms that accelerate AI research for healthcare.

2.3.4. Royal Danish Embassy – UK Symposium on regulatory science and clinical trials, 2 November

- This session focused on opportunities and challenges for decentralised clinical trials and available support for cross-border R&D and commercial collaboration between the UK and Denmark. It was co-hosted by the Danish Medicines Agency, Danish Nation Centre for Ethics, Trial Nation Denmark and health DENMARK, with representatives from the National Institute for Health and Care Excellence (NICE) and ABPI.
- Matt spoke to the need for patient involvement and transparency in this environment, and chaired a session on challenges and opportunities to Clinical Trials Infrastructure.

2.3.5. Engagement with the Human Fertilisation and Embryology Authority (HFEA) on applying generic consent to the research use of embryos

- The HRA was contacted by the HFEA regarding the potential for a generic consent model to be applied to the research use of embryos which are left over following IVF.
- The HFEA is proposing a revision to the Human Fertilisation and Embryology Act 2008 to provide a clearer lawful basis for embryos to be retained within a research bioresource for future as yet unknown research projects. This follows reports from the research community that accessing embryos can be challenging and is therefore restricting research delivery. The HFEA will come back to use once they know more about what is happening to then take forward into practice.

2.3.6. Engagement with Chief Scientist Office, Scottish Government (CSO) on the use of newborn bloodspots in research

- The Scottish Newborn Screening Programme has been collecting bloodspot samples and associated data on Guthrie cards since 1965, but there is a moratorium on the use of these samples and data for research purposes. This moratorium was lifted in a restricted was to establish whether the oldest Guthrie cards would be usable for research purposes and to undertake some work to explore public attitudes.
- The CSO is now planning to undertake a public consultation on a larger scale which would involve Guthrie cards being stored in a research bioresource for future research use. We met with the CSO to provide the regulatory perspective and to input on a developing public consultation.

2.3.7. Engagement with representatives from research bioresources on the ethical use of surplus tissues samples in the absence of consent

- We have met with representatives from research bioresources, following their concerns that there is inconsistency across RECs in terms of when it is acceptable to use tissue samples in the absence of consent.
- To help this, we have working in partnership with research bioresources to develop a tool to help researchers and research bioresources to think about the ethical issues associated with the use of tissue samples in the absence of consent. Moreover, the tool provides some potential mitigation strategies to be considered as well as an opportunity to explain why they could not be applied for the research project or bioresource.
- The aim of the tool is to encourage researchers and bioresources to consider these ethical issues and potential mitigation strategies in advance of an application being submitted to the REC and to provide a more consistent framework for RECs when reviewing such applications.

2.3.8. Webinar to staff of the Experimental Cancer Medicines Centres, 21 October

- We presented at a webinar for ECMC staff on the importance of radical improvements to study set-up, to support the next stage of their programme on rapid site set-up. This work will inform wider developments in study set-up across the NHS.

2.3.9. Influencing development of Secure Data Environments via Research Advisory Group, 18 October

- We continue to advise and influence cross-sector work on access to data for research and the development of Secure Data Environments through regular meetings of the Research Advisory Group.

2.3.10. Exploring research governance in the new NHS structure and outside of traditional settings (social care and non-NHS/hospital)

- We continue to hold meetings West Yorkshire NHS R&D operational team on the implications of delivering research in the newly established ICBs, specifically looking at what issues are arising and where further guidance from the HRA or other bodies is needed.

2.3.11. HRA attendance at the InterSystems UK and Ireland Research Summit, 19 October

- We participated in round-table discussions at the summit, to obtain a further understanding of global interoperability standards, time series modelling and anonymisation of data, and use of healthcare analytics.
- We were able to learn more on current regulation on concepts like model drift, intelligibility and explainability, and broaden HRA understanding of the commercial perspectives and challenges in deploying AI and data-driven interventions.

3. Activity supporting our work on clinical trial regulations

3.1. Update from the World Health Organization (WHO) open consultation on International Clinical Trials Registry Platform (ICTRP) guidance for reporting summary results in clinical trial registries, 28 September

- We met with WHO for an update on progress with the ongoing consultation and implementation guidance on disclosure of results and research summaries. We will continue to liaise with WHO as this develops, and look to see if this can be adopted in the UK, in conjunction with MHRA.

3.2. Joint work with MHRA to share information on clinical trials regulations consultation

- In partnership with MHRA, we have shared information about proposals to the clinical trials regulations consultation with REC members, to seek input into the details that will inform legislation and guidance.
- We also continue to liaise with MHRA colleagues on the preparation of legislation, whilst taking forward the publication of the government response to the consultation.

3.3. Meeting with Department of Health and Social Care (DHSC) Global Health Strategy to the WHO consultation work related to WHO resolution on strengthening clinical trials, 25 October

- We are contributing to the DHSC response, and also considering our own individual response to highlight our campaigns on key themes in the consultation, such as reducing research waste/transparency, public involvement and diversity in trials.

3.4. Meeting with US National Academies of Sciences, Engineering and Medicine on improving representation in clinical trials

- We met with US National Academies to discuss their recent report, 'Improving Representation in Clinical Trials of research' and recommendations. As well information gathering for our work on clinical trials and developing links with key external agencies, this also helped gather relevant information to support with development of joint guidance with MHRA to increase diversity in research.

4. Internal communications and engagement

4.1. Supporting staff following the death of HM Queen Elizabeth II

- The communications team provided guidance and advice for staff on observing the period of national mourning following the death of the Queen, including supporting work to postpone planned events and activities not appropriate at this time.
- With the HR team, we also pointed to support for staff impacted by the loss, the period of change and the ongoing media coverage.

4.2. Resignation of Liz Truss and appointment of Rishi Sunak as Prime Minister

- We provided advice and guidance for staff on the restrictions surrounding external communications during the Conservative party leadership election. This included a reminder about staff using social media to comment on political matters.

4.3. Supporting staff with increased costs of living

- The communications, human resources, and finance teams are working together to support staff impacted by increased costs of living. This includes more regular signposting to resources including the Employee Assistance Programme (which can provide financial support) and our Mental Health First Aiders.
- Communications have been developed to support staff who may be impacted by the backdated pay award and increased pension contributions, leaving them temporarily out of pocket.

4.4. Equality, diversity and inclusion (EDI) communications

- The communications team, EDI Lead, EDI Steering Group, and staff-led interest groups are working on a communications plan for the year to come. This includes increasing the amount of external communications about ED&I campaigns, a move which supports the HRA's wider diversity work.
- This included a series of internal and external facing stories promoting Black History Month and the work of Black researchers. We are also looking to commission a digital agency to produce a video on respect.