Health Research Authority

Agenda item:	8
Attachment:	A

HRA Board meeting
18 January 2023

Title of paper:	Establishing an HRA Community Committee
Submitted by:	Becky Purvis, Director of Policy and Partnerships Katie McBride, Engagement Manager
Summary of paper:	This paper: • Recommends the creation of an advisory HRA Community Committee and seeks Board's approval for the proposed next steps. • Includes a summary of results of the recent consultation on proposals to change the scope, governance, and membership of the HRA Community Insight Group, which informs these recommendations.
Reason for submission:	For discussion and approval
Further information:	N/A
Budget / cost implication:	Community members would be offered a payment in line with the HRA's Policy for payments arising from the involvement of the public in the work of the HRA. For a committee of up to 18 members offering £80 per person per meeting, the HRA would need to budget a maximum of £5760 for quarterly online meetings.
Dissemination:	To HRA Community, stakeholders and the public, via HRA news channels and website
Time required:	10 minutes

Introduction

In our strategy Making it easy to do research that people can trust we have set out our ambition to make better decisions by working with a diverse group of people with lived experience and making sure that anyone who wants to can get involved.

To help us deliver this, we are going to:

- increase public involvement in how we make decisions;
- listen to and involve a diverse group of people in our work.

One of the ways that we can do this is by improving how we involve people who already work with us in our decision making. Lots of people give their time generously, and in many cases freely, to work with us as members of Research Ethics Committees, the Confidentiality Advisory Group, and our Public involvement Network of people who have experience of, or have been impacted by, research.

We are also keen to ensure that there are appropriate ways for all the different groups of people that we work with – including researchers and research funders – to inform our decision-making.

We worked with our existing Community Insight Group (a group made up of REC and CAG members and members of the public who work with us through our Public Involvement Network established in 2021 to help us better support and value those who volunteer and work with us to improve their experiences as part of the HRA community) to develop some proposals for how we might change the Group to better deliver our strategic objectives, including the scope of this group, its role in HRA governance, and its membership. We then held a public consultation on these proposals.

The consultation supported:

- Broadening the scope of the Group so members are also asked for their views on how we run the HRA and the HRA's activities more broadly.
- Establishing a Community Committee that advises the HRA Board in place of the current Community Insight Group.
- Including more than just people who work with the HRA to help ensure that people can trust the research that we approve within our community. Two-thirds of respondents (68%) agreed that the Community Committee membership should include other groups of people. One-third (32%) of respondents thought that membership should be restricted to people who work with the HRA (as a REC, CAG or PIN member).
- That the Committee should be made up of at least half people who do not have professional expertise in clinical research or health or social care.

See full analysis in Appendix 2.

Informed by this process, we are making the following recommendations for Board's approval:

- **Establish an advisory HRA Community Committee with the scope to help us better support and value those who volunteer and work with us to improve their experiences as part of the HRA community and advise on how we run the HRA and the HRA's activities more broadly.**

- **Establish the Committee initially with members drawn from what we currently define as the HRA Community – members of Research Ethics Committee, the Confidentiality Advisory Group, and members of the public who work with us through our Public Involvement Network – half of whom should not have professional expertise in clinical research of health or social care. We received a strong response (two thirds of responses) from our consultation in support of including other groups of people in the Committee membership, with a mix of views about who these might be. Further work is needed to define who else might valuably join the HRA Community Committee, or whether there are other routes by which they can inform our work. We will undertake this work with the Committee once it is established.**

A proposed Terms of Reference is provided at Appendix 1.

Timeline of activity

18 January	Review proposal and terms of reference at HRA Board
	If proposal is approved as above then then following steps are recommended:
February – March	Recruitment of new members
13 March	Last meeting of the Community Insight Group
1 April	Community Committee established
8 May (TBC)	First meeting of the Community Committee
11 May	Standing orders to be updated and approved at Audit & Risk Committee
17 May	Standing orders to be updated and approved at HRA Board

Health Research Authority
Community Committee
Terms of Reference

1. Purpose

1.1. The Community Committee [the Committee] is an advisory sub-committee of the HRA Board with responsibility for supporting the HRA's strategy of making it easy to do research that people can trust.

1.2. The HRA has committed to:

1.2.1. Increasing public involvement in the decisions we make, and
1.2.2. Listening to, and involving a diverse group of people in our work

1.3. To support this ambition, the HRA Board has established the HRA Community Committee. The HRA's Community includes Research Ethics Committee members, Confidentiality Advisory Group members and Public Involvement Network members.

1.4. The Committee will be responsible for:

1.4.1. Reviewing and providing advice to the HRA Board from the perspective of the Community regarding key strategic documents (e.g. HRA strategy, business plans etc) and HRA policy decisions which impact on how the HRA operates.

1.4.2. Providing advice to the HRA Board with regard to any issues, developments, proposals or policies which may impact on our Community.

1.5. The Committee will have no executive powers other than those specifically delegated in these terms of reference.

2. Membership and Chairing

2.1. The membership of the Committee will be representative of the HRA's community.

2.2. The Committee will be made up of at least half people who do not have professional expertise in clinical research or health or social care. This includes people involved in or impacted by research who may work with us a part of our Public Involvement Network, and members of our Research Ethics Committees and Confidentiality Advisory Group who fit this definition (including many lay members and all lay plus members).

2.3. Membership is limited to a maximum of 15 people to facilitate a range of views and experience whilst enabling the Committee to operate effectively and collaboratively.

2.4. The membership of the Committee will be drawn from the following key stakeholders:

2.4.1. Three members of the HRA Board including at least one HRA Non-Executive Director and one Executive Director / Director who attends the Board.
2.4.2. A minimum of three and no more than four Research Ethics Committee members
2.4.3. A minimum of three and no more than four Public Involvement Network members
2.4.4. A minimum of three and no more than four Confidentiality Advisory Group members

2.5. For instances of long term or unexpected absence, the Committee reserves the option to co-opt additional members of the relevant community group as a supplementary member.

2.6. The chairing responsibility for the Committee will be shared between a member of the HRA Board detailed in 2.4.1 and a representative from one of the other groups (2.4.2 / 2.4.3 / 2.4.4).

2.7. In the absence of the co-chairs, the Committee may elect another member to act as chair for that meeting.

2.8. The [role to be confirmed] will attend and provide secretariat support to the Committee.

2.9. Other staff may attend by invitation for specific items as required with agreement of the Chair.

3. Quorum

3.1. A quorum shall be 7 member.

3.2. For a meeting to be quorate the following must be present:

3.2.1. At least one Non-Executive Director or Executive Director / Director who attends the HRA Board.
3.2.2. At least one Research Ethics Committee member
3.2.3. At least one Public Involvement Network member
3.2.4. At least one Confidentiality Advisory Group member

3.3. As an advisory sub-committee of the HRA Board, the Committee has no delegated decision-making responsibilities however it does have the authority to offer advice to the Board. Advice will normally be offered on a consensus basis and involve all members of the Committee however where a consensus cannot be reached the Committee may decide to refer the matter to the Board highlighting any difference of opinion.

4. Role and responsibilities

4.1. The Committee will undertake the following key roles and responsibilities:

4.1.1. Reviewing and providing advice to the HRA Board from the perspective of the Community regarding key strategic documents and HRA policy decisions which impact on how the HRA operates. This will include:

4.1.1.1. The review of, and input into, HRA strategy documents, business plans and other key documents prior to sign off by HRA Board
4.1.1.2. The review of quarterly performance indicators to monitor progress on objectives relevant to the Committee.

4.1.2. Providing advice to the HRA Board with regard to any issues, developments, proposals or policies which may impact on our Community. This will include:

4.1.2.1. The identification of ways to better support the HRA Community through reviewing the management response to the two-yearly Community survey.
4.1.2.2. Identifying ways to attract new members to the HRA and monitoring progress.
4.1.2.3. Provide advice and input into policies relating to our Community.
4.1.2.4. Discuss and input into actions for work that has a cross-organisational impact on our Community (e.g. organisational development, L&D, cultural work, EDI, etc).
4.1.2.5. Considering relevant risks and issues which impact on the HRA Community.
4.1.2.6. Providing feedback to the HRA regarding individuals' experience of being a part of the HRA's Community.
4.1.2.7. Providing feedback for other projects and business areas where the work is relevant to the Community.

5. Delegated responsibilities

5.1. The Committee will receive assurance from the following groups:

5.1.1. The Community Group

5.1.1.1. The Community Group's primary purpose is to provide advice and assurance to the HRA with regard to any issues, developments, proposals or policies which may impact on our Community members.

5.1.1.2. The Community Group is an internal pert of the HRA's governance with membership made up solely of HRA staff.

5.2. Terms of reference for the Community Group are available.

6. Frequency of meeting

6.1. The Committee will meet formally quarterly.

6.2. Meetings will normally take place via MS Teams however face to face meetings will be convened as required and at least annually to support the effective operation of the Committee.

6.3. Meetings will be scheduled for two-hour periods.

6.4. Ad-hoc meetings may be held by agreement of the Chair as and when required.

6.5. A schedule of meetings will be agreed and communicated to all members prior to the start of each calendar year.

6.6. To allow effective dissemination of information, meetings of the Committee should be scheduled to correlate with HRA Board meetings and meetings of the Community Group.

6.7. Meetings may, exceptionally, be cancelled by the Chair.

7. Papers

7.1. The deadline for receipt of agenda items and related papers by the Secretary is one week prior to the meeting.

7.2. Any papers received after this date will not be included on the agenda and will be added to the next meeting agenda, except in exceptional circumstances and with the agreement of the Chair.

7.3. Where reporting timelines for other groups or teams are not compatible with the Committee cut-off dates a verbal update may be provided at the meeting, with the agreement of the Chair, with the paper to be circulated for information after the meeting.

7.4. Papers must be provided with a coversheet. The coversheet should be completed to make clear the reason it has been circulated to the Committee and highlight the anticipated length of time of the item allow the agenda to be planned appropriately.

7.5. Papers will be circulated to members five days before the meeting.

8. Reporting

8.1. Draft minutes of each meeting will be circulated within 5 working days to the Committee for comment and will provide a clear record of decisions reached and actions agreed.

8.2. Minutes will be formally approved at the subsequent meeting.

8.3. The Secretary will maintain an action log, which will be reviewed at each meeting.

8.4. Any actions and decisions will be circulated to relevant individuals / stakeholders as required in a timely manner by the Secretary.

8.5. Papers will be made available to members of staff, other members of the Community and the wider public via the HRA website.

8.6. The Committee will provide an update to the HRA Board on a quarterly basis.

9. Review

9.1. The terms of reference for the Committee will be reviewed on an annual basis.

Document Control

Change Record

Version Status	Date of Change	Reason for Change
0.1 DRAFT	20/12/2022	Initial Draft
0.2 DRAFT	23/12/2022	Feedback from Chair and Director of P&P incorporated

Reviewers

Name (name of reviewer and/or management group reviewing)	**Date**	**Version Reviewed**

Distribution of Approved Versions

Platform (e.g. HRA Atlas / Website	**Date of Publication**	**Version Released**

Appendix 2 – Analysis paper

Community committee consultation results and recommendations

Analysis

Introduction

In our strategy Making it easy to do research that people can trust we have set out our ambition to make better decisions by working with a diverse group of people with lived experience and making sure that anyone who wants to can get involved.

To help us deliver this, we are going to:

- increase public involvement in how we make decisions;
- listen to and involve a diverse group of people in our work.

One of the ways that we can do this is by improving how we involve people who already work with us in our decision making. Lots of people give their time generously, and in many cases freely, to work with us as members of Research Ethics Committees, the Confidentiality Advisory Group, and our Public involvement Network of people who have experience of, or have been impacted by, research.

We are also keen to ensure that there are appropriate ways for all the different groups of people that we work with – including researchers and research funders – to inform our decision-making.

Background

In Summer 2021, we established the Community Insight Group, made up of REC and CAG members, and members of the public who work with us through our Public Involvement Network, to help us better support and value those who volunteer and work with us to improve their experiences as part of the HRA community.

In line with the commitments we have made in our strategy, on 18 July 2022, we discussed with this Group some changes to its scope, role in HRA governance, and its membership to:

- better reflect the HRA Community in our governance and ensure that issues that are important for our Community are seen and heard and acted on;
- make better decisions by listening to and involving a diverse group of people in our work (we have made this commitment in our strategy);
- increase public involvement in how we make decisions (we have made this commitment in our strategy);
- support co-production of our decisions with our Community.

The Community Insight Group members told us that:

- they supported the idea of broadening the scope of the Community Insight Group to include views on how we run the HRA and the HRA's activities more broadly;
- they thought that the Group should become an advisory committee within the HRA's governance;
- they had mixed views on how the membership of the Group might change.

Based on these proposals, we developed a consultation to ask everyone who has an interest in how the HRA works, including those who currently work with us, those who might be interested in doing so in future, those who use our services, and those who are interested in the conduct of research and the research environment, for their views on these changes.

Four consultation questions were designed, with input from the Community Insight Group, to seek views of community members, and those with an interest in the HRA, on the suggested changes to the scope, governance structure, and membership of the Community Insight Group. The consultation was open for four weeks from 7 November to 4 December 2022.

The following section provides a summary of key findings from the consultation including the additional information and opinion provided in the free text boxes.

Methodology

An online survey was developed with the Quality and Assurance team to sit on a dedicated webpage. A link to the survey was sent to our REC, CAG and PIN members with a supporting blog and the option to contact us by email for further information to support people to access and engage with this.

The consultation was promoted on social media, via HRA Latest and PIN newsletters, and at various meetings involving HRA community members and external colleagues including the Four Nations meeting. These communication and engagement activities were designed to seek input from:

- REC and CAG members;
- people who have participated in or been impacted by research who are members of the HRA Public Involvement Network or might potentially be so in future;
- groups of people who have an interest in how the HRA operates;
- groups of people whose views and perspectives valuably inform HRA decision-making, including researchers, funders of research and organisations that work to improve the conduct of research and the research environment.

The consultation was open for four weeks from 7 November to 4 December 2022. The decision to conduct a four-week consultation – as opposed to the standard 12-week consultation – was made following advice from the Corporate team that a shorter

consultation was appropriate in the case of a (direct) audience limited to internal staff or the HRA community.

The consultation questions were designed using a sliding scale of answers where possible, and to allow quantitative and qualitative analysis of results.

Free text boxes were offered to give the opportunity to provide opinions and justification for answer selection. The comments written in these free boxes have been grouped together into themes for this report. Comments that were considered to be beyond the scope of this report were sent to the appropriate REC, CAG or PIN member teams for consideration and action. We did not collect name data so these comments will automatically be treated confidentially.

We asked respondents to indicate if they were an HRA community member, if so which type, and for our REC member respondents to indicate if they were an expert, lay, or lay plus member. We asked 'other' respondents to specify a type, for example, researcher.

Data in this report is rounded up or down to the nearest whole percentage point. It is for this reason that tables or charts may add up to 99% or 101%.

Consultation questions

You can read the full consultation here: https://www.hra.nhs.uk/about-us/who-we-are/community-insight-group/consultation-changes-way-our-community-involved-our-work/consultation-on-changes-to-the-hra-community-insight-group/

The questions were:

Do you agree with this proposal to broaden the scope of the Group?

Do you agree with this proposal to establish a Community Committee that advises the HRA Board in place of the current Community Insight Group?

Do you think that the Community Committee membership should include other groups of people - for example researchers or representatives from organisations that work to improve the conduct of research and the research environment, or restrict membership to people who work with the HRA as a member of our Research Ethics Committee, Confidentiality Advisory Group or through our Public Involvement Network?

Do you agree with this proposal for the Community Committee to be made up of at least half people who do not have professional expertise in clinical research or health or social care?

Results

There was a total of 61 responses, 50 of which were from our REC (38), CAG (1) and PIN members (11). This is a response rate of 5.4% from our HRA community (785 REC, 23 CAG, 115 PIN total 923 at the time of the issue of the consultation).

We received four responses from members of the public who have not yet been involved with the HRA, and seven respondents who classed themselves as a ‘researcher or other’.

The majority of responses (60) were sent via the online survey form. One response was received via email

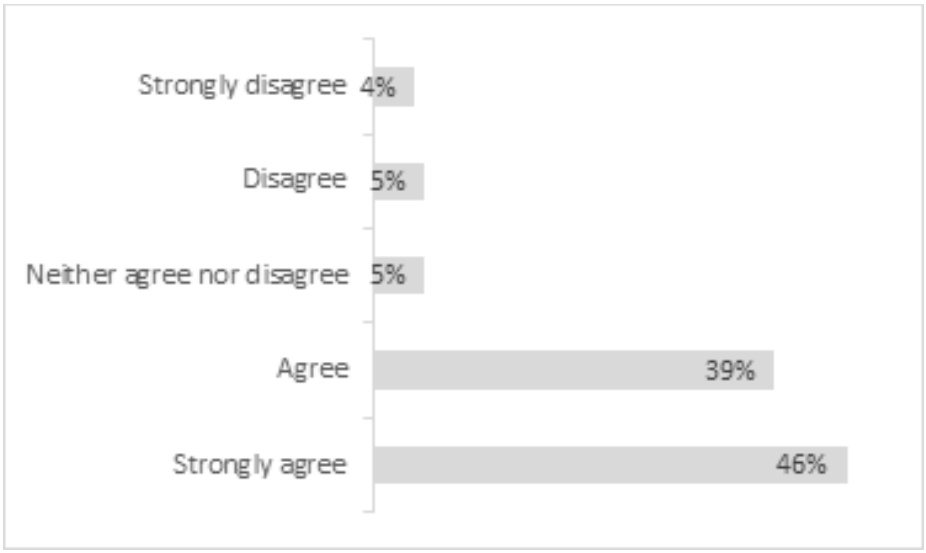
Do you agree with [the] proposal to broaden the scope of the Group?

85% of respondents strongly agreed or agreed with the proposal to broaden the scope of the Community Insight Group.

Respondents found the proposal aligns with our strategy and will increase public confidence in the organisation.

It was suggested that recruitment of members must consider equality, diversity and inclusivity, and that regular refreshing of membership was recommended to ensure fairness.

One respondent was concerned that the group was ‘trying to be all things to all people’ which may not be achievable. It was recommended that the HRA recognise that the seeking of views and advice from the various groups of the HRA community was important, but to remember that they will have different priorities.



Do you agree with [the] proposal to establish a Community Committee that advises the HRA Board in place of the current Community Insight Group?

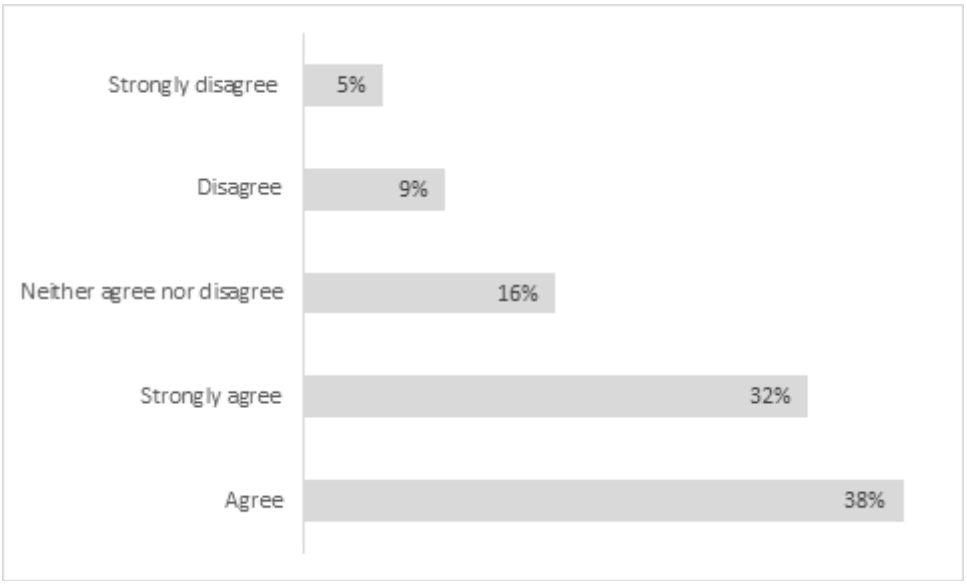
Over two-thirds (70%) of respondents agreed or strongly agreed with the proposal to establish a Community Committee that advises the HRA Board in place of the current Community Insight Group.

Respondents said being an advisory committee would make the group more meaningful, more involved in governance, scrutiny and accountability, and gives members the

opportunity to work with the Board. It was noted that early involvement in decision-making processes is key for building trust.

There was caution from respondents to not let the committee become too bureaucratic, or a distraction from core business, and to only seek advice from the committee for specific issues rather than day-to-day management matters. There was a specific request around being clear what we mean by an advisory committee and managing expectations.

One respondent noted that by making the group an advisory committee, it might be more difficult to recruit members. Similarly, another respondent noted that making the group more formal will require consideration of the limits this will impose on 'ordinary' people.



Do you think that the Community Committee membership should include other groups of people - for example researchers or representatives from organisations that work to improve the conduct of research and the research environment, or restrict membership to people who work with the HRA as a member of our Research Ethics Committee, Confidentiality Advisory Group or through our Public Involvement Network?

Two-thirds of respondents (68%) agreed that the Community Committee membership should include other groups of people. One-third (32%) of respondents thought that membership should be restricted to people who work with the HRA (as a REC, CAG or PIN member).

It was noted that researchers would offer valuable insight, and that membership on this group may help researchers to better understand how the HRA works, and that it would provide the HRA access to a wider pool of public contributors.

Respondents noted that HRA's place in the research community is very different to that of researchers and so collaborative working would benefit the group, so long as non-HRA community members remain impartial. One respondent noted increased membership must be restricted to researchers and should exclude, for example, funders.

Respondents warned of a conflict of interest and questioned if involving researchers who submit applications for ethical approval would in itself be ethical.

Some respondents considered there are existing alternative routes for researchers to feed into the HRA, and that their presence may 'dilute' HRA community voices. It was suggested that observer status be considered.

Do you agree with [the] proposal for the Community Committee to be made up of at least half people who do not have professional expertise in clinical research or health or social care?

59% of respondents strongly agreed or agreed that the Community Committee should be made up of at least half of people who do not have professional expertise in clinical research or health or social care.

Though this number is just over half which would usually create pause for concern, the number of respondents who disagreed or strongly disagreed is much lower at 25%.

Some respondents agreed that a number of around a half felt right.

Other respondents felt that half was too much. There were concerns around a lack of knowledge and that those that do not have professional expertise in clinical research or health care may require longer to understand issues and this may slow progress. One respondent commented that this measure felt like virtue-signalling by the HRA.

Other respondents thought half was too low and called for a greater number of people with relevant lived experience. One respondent was particularly concerned that limiting the number of patient and public contributors who *do* have professional expertise in clinical research or health or social care was 'short-sighted'.