

Agenda item:	9
Attachment:	A

HRA Board meeting

15 March 2022

Title of paper:	Strategic Engagement Update: who we are talking to, about what, and why – March 2023
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 early January to early March 2023 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

HRA Update

Communications, Engagement and Involvement update

This paper provides a summary of the HRA's strategic engagement activities from early January to early March 2023 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.

For activity that also represents a Recovery, Resilience and Growth (RRG) programme commitment (RRG) has been added after each item.

Wider Updates:

UK government

At the beginning of February, the Prime Minister created a new [Department for Science, Innovation and Technology](#), headed by Michele Donelan MP. This brought together different parts of government focused on science in one department including the Science, innovation and Growth Directorate and Government Office for Science that was previously in BEIS, the Digital and Tech Directorate that was previously in DCMS and the Office for Science and Technology from the Cabinet Office. Ministers in the department include George Freeman MP.

[Professor Dame Angela McLean has been appointed as the new Government Chief Scientific Adviser](#) and will take over the role from Sir Patrick Vallance on 1 April 2023.

In March, the Department for Science, Innovation and Technology published [a Science and Technology Framework](#), setting out the government's approach to making the UK a science and technology superpower by 2030. It sets out ten actions that the UK government will deliver against, and which the government will hold itself accountable to. It commits to have a clear action plan for each strand of the framework in place by summer 2023 and delivery will be overseen by the National Science and Technology Council.

- identifying, pursuing and achieving strategic advantage in the technologies that are most critical to achieving UK objectives
- showcasing the UK's S&T strengths and ambitions at home and abroad to attract talent, investment and boost our global influence
- boosting private and public investment in research and development for economic growth and better productivity
- building on the UK's already enviable talent and skills base
- financing innovative science and technology start-ups and companies
- capitalising on the UK government's buying power to boost innovation and growth through public sector procurement

- shaping the global science and tech landscape through strategic international engagement, diplomacy and partnerships
- ensuring researchers have access to the best physical and digital infrastructure for R&D that attracts talent, investment and discoveries
- leveraging post-Brexit freedoms to create world-leading pro-innovation regulation and influence global technical standards
- creating a pro-innovation culture throughout the UK's public sector to improve the way our public services run

The final report and recommendations of [Sir Paul Nurse's Independent Review of the UK's Research, Development and Innovation Organisational Landscape](#) were also published, setting out to identify improvements to the organisational research landscape that are required to deliver the Government's ambition to be a science superpower. The report highlighted the challenges created by excessive bureaucracy – although focusing in this context largely on public funding of research – which have been looked at more closely in the 2021 Review of Research Bureaucracy, led by Professor Adam Tickell. It also flagged problems with the current mechanisms for clinician scientists to effectively develop and undertake their research careers.

Discussion continues over whether the UK will associate to the EU research funding programme, Horizon Europe. [The government has announced an extension to the support provided to UK Horizon Europe applicants until the end of June 2023.](#)

The 2023 Budget will be announced on 15 March.

Consultation on legislative proposals for clinical trials

MHRA/HRA are currently finalising the Government response which it is hoped will be published towards the end of March. Work is already underway to identify and prepare guidance to support the forthcoming Statutory Instrument.

Lord James O'Shaughnessy review of commercial trials in UK

The government has appointed Lord James O'Shaughnessy, Senior Partner at consultancy firm Newmarket Strategy, Board Member of Health Data Research UK (HDR UK), and former Health Minister, to conduct an independent review into the UK commercial clinical trials landscape. The review will offer recommendations on how commercial clinical trials can help the life sciences sector unlock UK growth and investment opportunities. This will also advise on how to resolve key challenges in conducting commercial clinical trials in the UK. As part of this review the HRA have contributed to work to identify the 'foundational actions' (i.e. areas where there is already consensus on what needs to be done to improve the UK competitiveness for commercial clinical trials, and where actions have been committed to) that Lord O'Shaughnessy is looking to develop for the review. These are:

- Improve the recruitment of patients to trials, increasing the number and diversity of patients;
- Improve the set up and approvals process for trials, making it quicker, simpler and more consistent; and
- Improve the environment for supporting the delivery of innovative trials and those that support the strategic priorities of the health and care system.

Pro-Innovation Regulation of Technologies Project

The Chancellor announced in the Autumn Statement 2022 that the government will task the Government Chief Scientific Adviser (GCSA) and National Technology Adviser (NTA), Sir Patrick Vallance to lead work to consider how the UK can better regulate emerging technologies, enabling their rapid and safe introduction. This project will identify opportunities and enablers for pro-innovation regulation of science and tech sectors with high potential to attract investment and enable growth of UK-based businesses and the economy. It will focus on specific actions that can be taken. The HRA have fed into the Academy of Medical Sciences' initial input to the review highlighting the HRA's track record in supporting innovative research and identifying 'quick wins' for pro-innovation regulation.

Department of Health and Social Care's (DHSC's) areas of research interest

In January, DHSC published its [areas of research interest](#) (ARI) to support policy development and decision-making. These are:

- ARI 1: early action to prevent poor health outcomes
- ARI 2: reduction of compound pressures on the NHS and social care
- ARI 3: shaping and supporting the health and social care workforce of the future

It articulates the desired outcomes patients, public and services through research across these 3 ARIs and outlines priority cross-cutting methodologies which are: systems thinking; data science; economics of health; behavioural science; implementation science and use of real-world evidence; and evidence synthesis.

Medical Technology Strategy

DHSC also published its [Medical Technology Strategy](#) in February, outlining its aims to:

- Boost the supply of best equipment to deliver greater resilience to health care challenges and enhance NHS performance.
- Encourage ambitious, innovative research to secure the UK's position as a global science superpower and attract investment for the UK economy and create jobs across the country.
- Increase understanding and awareness of medtech by clinicians for more informed purchasing on new products and deliver better value for taxpayer money and better services for patients.
- Build on the Life Sciences Vision to improve collaboration between the NHS, NICE and MHRA to ensure patients can access the right products safely.

The implementation plan to deliver on this strategy will be published later this year.

Clinical academics in the NHS inquiry

The Chair of the House of Lords Science and Technology Committee sent a [letter](#) to the Secretary of State for Health, outlining the findings from its inquiry into clinical academics in the NHS. Noting that engagement with research can help mitigate workforce challenges and improve patient outcomes, rather than put additional pressure on NHS resources, it makes 11 recommendations to

address the long-standing concerns raised by the sector over the declining number of clinical academics and worsening environment for clinical research in the NHS.

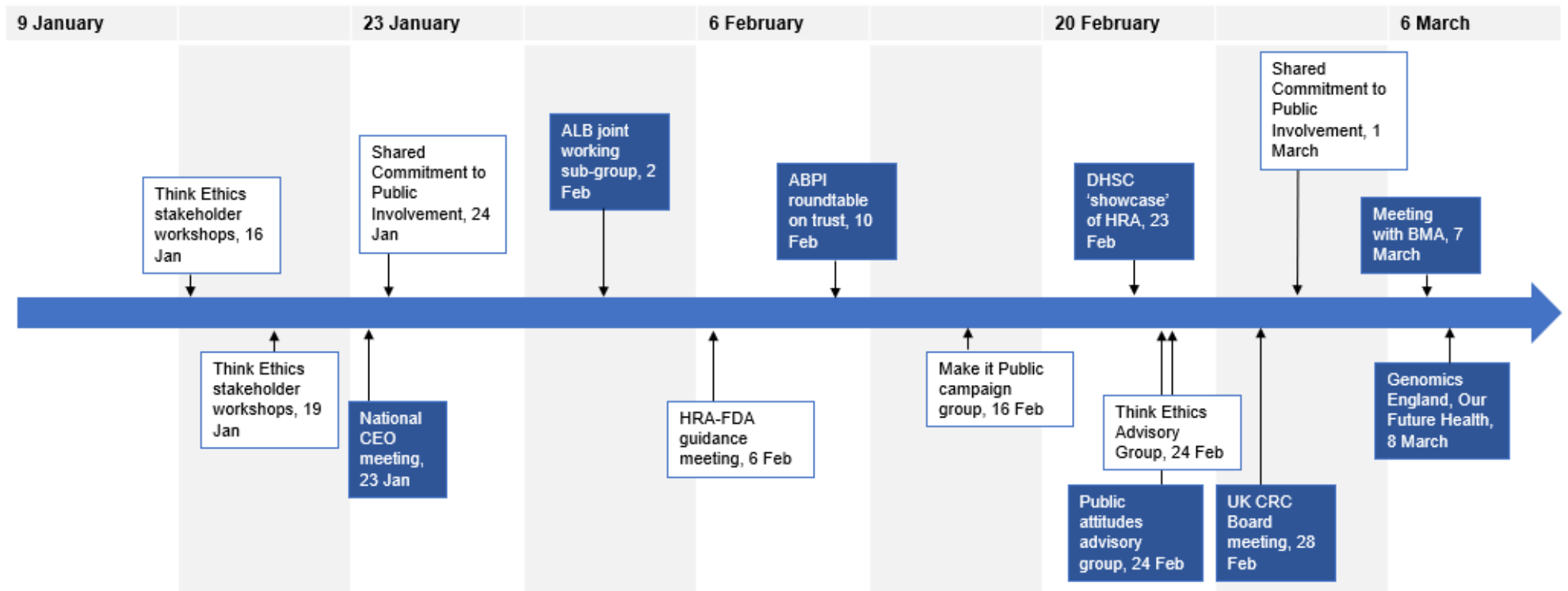
Genome editing

The Third International Summit on Human Genome Editing took place on 6-8 March 2023 at the Francis Crick Institute, London UK.

Building on previous events held in Washington, DC (2015) and Hong Kong (2018), the London meeting continued the global dialogue on somatic and germline human genome editing. Major themes for discussion included developments in clinical trials and genome editing tools such as CRISPR/Cas9, as well as social, ethical and accessibility considerations these scientific developments entail. The three-day Summit was organised by the Royal Society, the UK Academy of Medical Sciences, the US National Academies of Sciences and Medicine and The World Academy of Sciences. Recordings of the entire conference are available here: [2023 Human Genome Editing Summit | Royal Society](#)

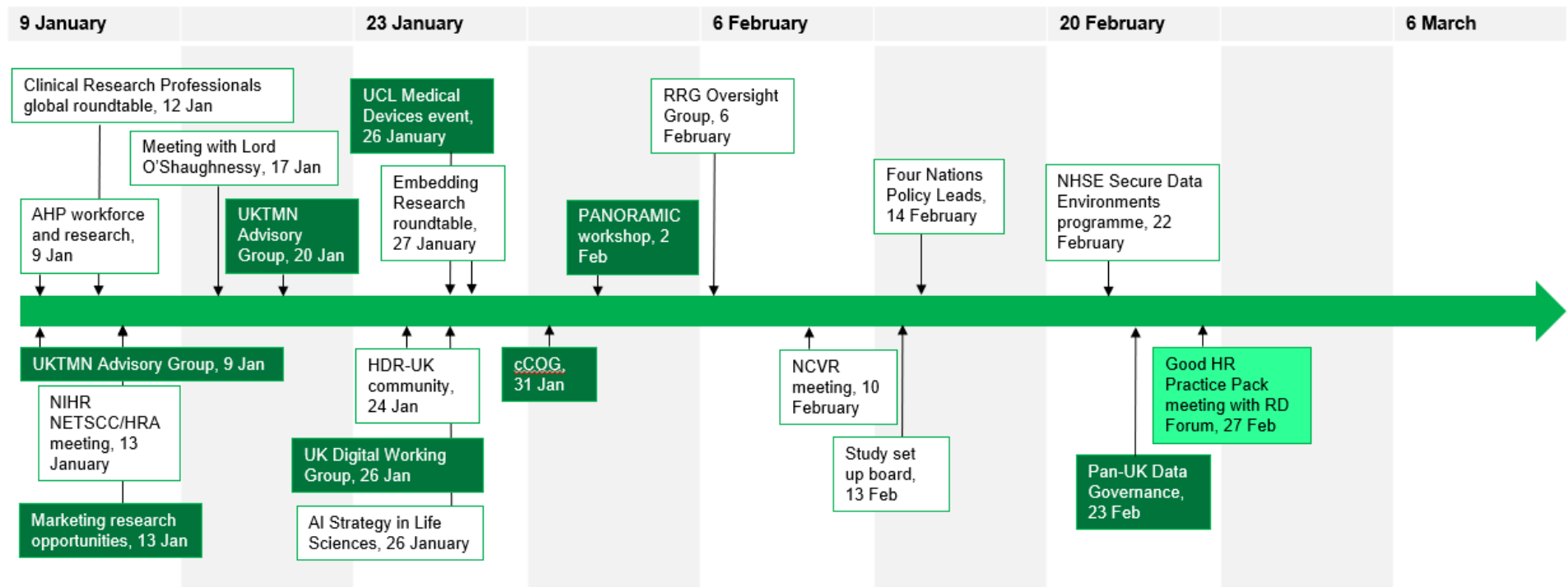
HRA Strategic Engagement update

Our activity supporting our 'Include' strategic commitment



- 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'

Our 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'

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. Make it Public - Campaign Group and ongoing preparation for the Make it Public Annual Report and Make it Public Week 2023 (RRG)

- We continue to prepare for the launch of the second Make it Public Annual Report on 20 March 2023. This report will report HRA performance against the four areas identified previously in our [2019 Make it Public Strategy](#). It will also largely centre on showcasing examples of best practice across the research community on three key issues in research transparency, that people can learn and develop practically from:
 - Feeding back to participants
 - Publishing summaries of results in an open and accessible way
 - Raising awareness of opportunities to get involved in research
- The launch of the report will be marked by the first ever Make it Public research transparency week. We are hosting a week-long series of online events and workshops, from 20 to 24 March. Further details on each event can be found via the [HRA Eventbrite webpage](#).
- During this period the Make it Public Campaign Group met to further plan and develop ways of promoting the above report and events, as well as to hear and discuss a presentation from [the Berlin Institute of Health](#) on improving clinical trial transparency through tailored report cards.

1.1.2. Shared Commitment to Public Involvement, 24 January & 1 March (RRG)

- We met with the Shared Commitment Steering Group on 24 January, to continue planning for the both the first anniversary of the Shared Commitment (10 March) and for the group workshop of 24 April.
- In this period we also met with [The Health Foundation](#) and [FUSE: The Centre for Translational Health](#), who are keen to join the Commitment. NHS England publicly announced their joining on Friday 10 March.

1.1.3. Think Ethics – stakeholder workshops (16, 19 January) and Advisory Group (24 February) (RRG)

- Building from previous workshops in August 2022, these workshops were held to test and review principles and processes designed from the feedback from the August meetings. The first workshop focused on quality standards around information and consent, the second on the use of the ethics review form to guide decision-making.

1.1.4. Meeting with U.S. Food and Drug Administration (FDA) on draft guidance for industry around diversity, 6 February

- We met with the FDA to discuss the draft guidance they have developed to increase participant diversity in research to help inform the development of our own joint guidance with MHRA in this area.

- Due to the lack of a confidentiality agreement between the HRA and FDA, the discussion was kept to publicly available information and focused on FDA learning in the development of their guidance.

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. People-Centred Clinical Research - engagement and survey launch (RRG)

- The People Centred Clinical Research project aims to improve the way clinical research happens in the UK, so that there are more opportunities for more people to take part; it is better for people who do take part; there are better health and care decisions, and; there is reduced research waste.
- This project is led by 8 public contributors and 8 members of the research community, supported by HRA and staff from the University of Lincoln. This group has co-created six proposed hallmarks that research will show if it is designed and conducted in people-centred ways. Further information [can be found on our website](#).
- Survey launch:
 - A survey was launched in January seeking feedback on these proposed hallmarks.
 - A letter and survey link was sent to over 280 community organisations, accompanied by a social media campaign. It was also promoted by RRG partners, via HRA Latest and as a [HRA blog by Kate Greenwood](#).
 - 1:1 conversations and focus groups have been held with individuals and organisations who facilitate or support public involvement, to advise on the best ways and opportunities to engage with people who we have not heard from through the survey. These include:
 - Lawnmower theatre group, learning disabilities research involvement
 - Oxford Young People and Young Adults group
 - Portsmouth HIVE
 - Isle of Wight Community Groups
 - Liver and Neurodegenerative diseases PPI and patient support groups at Kings College Hospital NHS Trust
 - To date we have had 45,000 impressions of our Twitter content and 400 views of the blog, leading to 412 completed survey responses, with an additional focus groups sessions booked for 6 and 10 March.

1.2.2. DHSC 'showcase' of HRA, 23 February

- We met with leadership at DHSC, including Gail Marzetti and Professor Lucy Chappell, to share a detailed picture of the HRA, who we are, what we do, and what value to do we bring. This information was very positively received, with a productive discussion on ways DHSC could further support HRA to achieve its strategic objectives of 'include' and 'accelerate'.
- This was another useful opportunity to reinforce our of activities and central role in sector programmes such as the Recovery, Resilience and Growth programme.

1.2.3. ABPI roundtable on earning trust in data, 10 February

- We attended this first ABPI roundtable, to build a strong cross-sector conversation on direct communications with the public to earn trust in pharmaceutical access to patient data.
- We pushed the need for plain language in and for better information about the whole drug development pathway, and about the need to ‘earn’ trust and demonstrating trustworthiness rather than ‘building’ trust. We will continue to input into further conversations on this issue.

1.2.4. UKCRC Board meeting, 28 February

- We attended and contributed to the meeting’s discussions around the economic impact of research, and better ways of working (implications of the Tickell Review on Research Bureaucracy). We used this opportunity to highlight our work with NIHR on aligning final reporting and work with both NIHR and MHRA on diversity of study participants.

1.2.5. Meetings with Genomics England and Our Future Health on longitudinal research and the lose of research participant capacity in research projects, 8 March

- We held initial meetings with Genomics England and Our Future Health to discuss the above issues, with a view to future meetings and proposed roundtable include academics, researchers, sponsors, patient representative organisations and legal experts.
- This work gives HRA the opportunity to act as honest brokers in this space, bringing together representatives from across the sector to discuss complex and sensitive issues which at a wider level impact on people’s trust in research.

1.2.6. Public Attitudes survey Advisory Group meeting, 24 February

- We met with public contributors, REC and CAG members, and members of the Discovery Decade to further develop the question set for our public attitudes survey on trust in research. This survey is being developed in partnership with YouGov.

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. HRA website public involvement group, weekly

- Our public contributors have continued their work in support of the new HRA website. The group of four, supported by HRA staff, meets weekly and has reviewed personas, user journeys and the first wireframes for the new website ahead of user testing starting mid March.

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. Presence at Lord O’Shaughnessy Independent Review of Clinical Research (RRG)

- We attended a roundtable meeting of national leaders in clinical research to inform recommendations of the Lord O’Shaughnessy review. As well as influencing recommendations, we also focused on ensuring that the ministerial interest in the review can be leveraged to deliver changes we have promoted but struggled to have responded on to-date.
- Other attendees included leads from NIHR, NHSE, NICE, DHSC, CRUK, MHRA and devolved nations.

2.1.2. Recovery, Resilience and Growth Programme Board, Reset Oversight Group, 6 Feb (RRG)

- Continued involvement in RRG programme, using feedback to HRA to advise and steer wider programme. Includes specific meeting on communication and what the wider programme can learn from HRA.
- HRA continues to be regarded as a key player in the delivery of RRG, communicating the outcomes and working collaboratively.

2.1.3. Recovery, Resilience and Growth Data and Digital Group, NHS England Secure Data Environments programme, 22 February (RRG)

- This session was based on joint working with NHS England to develop a case for funding specific areas of work by HRA to support the development of the network of sub-national Secure Data Environments. Through this joint working, we are able to ensure that new Secure Data Environments funded by NHS England design their systems so that they are compliant with ethics and s251 and broader information governance requirements, which will help to build public trust in the use of data.

2.1.4. Clinical research coalition public policy projects roundtable event on Embedding Research into Health Care, 27 January (RRG)

- This roundtable discussion focused on exploring the barriers and challenges to embedding research in health and care. It provided an opportunity to promote the work of research ethics committees and the HRA, and to explore some of the ethical challenges to embedding research in care.
- We were also able to promote our work on people centred clinical research and hear from the members the round table, and show how the HRA is accelerating people centred clinical research and exploring decentralised trials.

- 2.1.5. Engagement and steering best practice via the NHS R&D Forum HIVE mind meeting
- At this regular monthly 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.
 - In January and February discussion related to local resource and new requirement from a number of sponsors for sites to complete a lengthy form on security and access for electronic health records – this has been followed up by HRA in a series of meetings to understand context and provide clearer comms to the community. Through this HRA met with Pfizer and Novartis.
- 2.1.6. Continued support of the roll-out of National Contract Value Review (NCVR), 10 February (RRG)
- We continue to host meetings and workshops with a number of stakeholders including NHS England, NIHR and industry (through the clinical Commercial Operations Group (cCOG)).
 - Across January and February these included the NCVR working group, a round table event and a feedback session from industry (subgroup of cCOG). The feedback session was attended by approximately 40 industry reps to discuss how their experiences of using NCVR. Hearing from the community during these initial stages of roll-out ensures further training needs can be identified, guidance can be clarified, and issues resolved.
- 2.1.7. NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC) and HRA, Information Sharing and Standardisation of reporting, 13 January
- We met with NETSCC to explore the possibility of aligning final reporting requirements to support streamlining research. This was in response to a frequent issue raised by researchers in the various study report required by different bodies (funders, regulators, registries) add duplication and bureaucracy for researchers.
- 2.1.8. HRA Study set up partnership board meeting, 13 February (RRG)
- This is a regular monthly meeting with stakeholders to review study set up practice, challenges and the work of the HRA. The group brings members together including industry and NHS colleagues in operational set up roles, with policy partners. The group has recently broadened its membership to include DHSC and R&D members from an Integrated Care System (ICS).
 - This group allows HRA to hear directly about challenges to study set up on the ground. The group is very insightful and provides intelligence to HRA and other policy colleagues in England. The group feeds into the 4 nations operational leads meeting, and provides a mechanism for policy makers across England to hear directly from those on the front line.
- 2.1.9. CARE group (Coordinated Approaches to Research and care Embedded) (RRG)
- This is a quarterly meeting for policy organisations and funding bodies to share their work and intelligence around embedding research in the health and social care. The group is an informal subgroup of the RRG programme.
 - This is a work area the HRA is not otherwise in touch with and it is valuable to be hooked in via this group. Particularly to identify when HRA might support in policy, consultation or guidance. We can also ensure that the work across partners is joined up and does not go against our own policies (for example on student research).
 - A follow-up conversation has been arranged with GMC to assess whether the hallmarks of people centred research could support their training recommendations around behaviours for medics.

2.1.10 Allied Healthcare Professions Workforce and Clinical Research, 9 January (RRG)

- We met with William Rosenberg from NIHR CRN to discuss work on developing proportionate training on research for allied health professions. This provided an opportunity to reinforce importance of proportionality and embedding research in clinical practice to ensure that NHS resources are best deployed to support research.

2.1.11. Association of Clinical Research Professionals Global Round Table on Workforce, 12 January (RRG)

- We were invited to attend global roundtable to explore issues around sustainability and training of workforce that enables clinical research. This gave the opportunity to highlight actions in the UK as part of Recovery, Resilience & Growth programme to global audience. Attendees included global senior industry professionals and representatives from the US Food and Drugs Administration (FDA).

2.1.12. Attendance at HDR-UK Community meeting, 24 January

- This regular meeting, attended by representatives from the research community, universities, NHS, regulators and industry, is a space to identify challenges, opportunities and priorities across the health data research ecosystem.

2.1.13. HRA meeting with NHS Digitrials team (RRG)

- HRA met for mutual updating on development of services for CAG and Digitrials, which gave us the opportunity to promote CAG's proactive service development and ensure that Digitrials is best able to support future applicants for s251 support.

2.1.14. AI Strategy and Deployment in Life Sciences and Healthcare, 26 January

- We joined [this online event](#), hosted by the Digital Leadership Forum, to learn more about current role of AI in reshaping healthcare, and to hear more on AI's impact on accelerating innovation across different theatres of healthcare.

2.1.15. Attendance at the Royal Society event on machine learning and AI in biological science, drug discovery and medicine, 1 March

- Along with representatives from the research community, universities, regulators and commercial industry, we attended [this online event](#) hosted by the Royal Society to learn more on advances in machine learning.

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. HRA meeting with RD Forum participants about HR Good Practice Pack, 27 February (RRG)

- The HRA joined this meeting to discuss experiences and current known issues with HR Good Practice Pack (NHS-NHS Proforma and Research Passport), in order to in future create solutions that solve or minimise as many issues as possible.
- Attendees agreed a list of known issues and “pinch points” with the current process, forms and supporting guidance, and sharing of the experiences was beneficial across the group as there were a lot of similar stories. Attendees included representatives from various NHS Trusts and teaching hospitals.

2.2.2. NIHR Service Design Forum

- One of a series of ongoing meetings to inform the NIHR’s business case for future information systems development. This gives HRA the ability to align design intentions for research pathways and maximise future opportunities for streamlining and interoperability.

2.2.3. Ongoing meetings with NHS England and National Data Guardian (NDG)

- We have met several times with NHS England and the NDG across January and February to discuss digital policy developments. These have covered proposal to help streamline information governance issues in primary care, alignment with the [NHS R&D Data Strategy](#), as well as coordinating [guidance for researchers](#) on the impact of NHS Digital’s merger with NHS England on 1 February.

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. UCL Medical Devices Event, 26 January

- We delivered a presentation covering the HRA’s role in the Medical Devices Regulatory Landscape. This was an opportunity to raise the profile of the HRA across the researcher community, alongside MHRA and others. We were able to put into context where we sit in the regulatory ecosystem and providing an understanding of the steps and activities researchers need to follow to undertake research in the NHS in England.

2.3.2. HRA and marketing research opportunities to participants, 13 January

- This task-and-finish group is set up to explore some of the issues arising around communications and marketing of research projects to potential participants in NHS studies, and to address some questions from NHS Comms professionals about the requirements for REC review of marketing materials to help with participant recruitment. Groups members include comms leads and research coordinators from a number NHS Trusts.
- We explored a plan that looked at improving the IRAS question specific guidance about advertising materials, to improve guidance on the requirements for REC review of advertising and marketing materials, and for the group to draft NHS best practice guidance on recruiting participants into studies in the NHS from the perspective of R&D

departments. This has the potential to reduce uncertainty about the process and to reduce the number of amendments needed, thereby saving time and resources.

2.3.3. 'Panoramic – lessons learnt workshop', 2 February (RRG)

- We took part in a lesson learnt workshop on [the PANORAMIC study](#). This was a national Adaptive platform trial for early treatment of covid-19 In the Community. The design and delivery of the study required innovative thinking for delivery.
- At this session, with members from NHS, DHSC, NIHR, and the PANORAMIC research team, we reviewed which aspects of the study (from idea through to delivery) went well, which were the more challenging aspects (contracting variations) will mean we can improve our guidance and our systems to facilitate streamlined set up of complex and innovative studies going forward. We received positive feedback on the advice we provided.

2.3.4. Regional updates to RD Managers, 1, 21, 22 February

- These updates took place across four events covering South London Clinical Research Network (CRN), North Thames CRN, Cambridge Hospital research governance day, Yorkshire and Humber CRN. Other one to one meetings have taken place with NHS RD offices to resolve specific issues.
- At these sessions we provide updates and listen to current issues, answered queries across a number of meetings, and topics from costing and contracting to amendments.

2.3.5. HRA presence as Chair of the UK Trial Managers Network (UKTMN) Advisory Group, 9 and 20 January

- Jen Harrison is currently holding the position of UKTMN Advisory Group. This group has oversight of the strategy and business plan for the UKTMN.
- The group consists of the following members: Head of Training and Careers, MRC, Chair of NIHR Careers Initiative Group, Dean of NIHR Academy, UKTMN Founder and former Executive Group member, UKCRC CTU Network Policy Group, Chair of MRC-NIHR Trials Methodology Research Partnership (TMRP).

2.3.6. Commercial Clinical Operations Group (cCOG), 31 January

- This is a quarterly meeting discussing current issues directly with operational directors and managers from industry. We provided an update on activities, and used the group as forum to respond to questions and concerns from industry. We are planning to meet in June 2023, to bring together cCOG and the NHS research champions to work collaboratively to identify and address some of the key operational issues that impact study set up.

2.3.7. HRA attendance at the UK Digital Working Group meeting, 26 January

- This meeting focused on developed in the EU and UK health data landscape, including topics of possible UK access to the [European Health Data Space](#), the Information Commissioner Office's work on [anonymisation and PET](#), launch of communities of practice around NHS federated data platforms, and updates on the UK Data Protection and Digital Information Bill. The move of [Understanding Patient Data](#), in [its new home as part of the NHS Confederation](#), was also covered.

2.3.8. HRA attendance at the quarterly pan-UK Data Governance Steering Group meeting, 23 February

- This group brings together data custodians and policymakers across the four nations, for the purpose of simplifying and streamlining data access governance processes in a trustworthy way.
- At this session discussion revolved on creating a single map of ethics and governance approvals (necessary to access and link data in secure data environments), and creating a [Trusted Research Environment](#) (TRE) toolkit. This toolkit would include a set of standardised legal agreements, which will help better define roles and responsibilities for those involved in TREs.

3. **Activity supporting our work on clinical trial regulations**

MHRA/HRA are currently finalising the Government response which will be published on 21 March. Work is already underway to identify and prepare guidance to support the forthcoming Statutory Instrument.

4. **Internal communications and engagement**

We will always look to do things better.

Our people deliver our strategy. We will enable a diverse and inclusive organisation giving our people the tools and support that they need to do so, we well:

- *Always learn, improve and innovate*
- *Be a great place to work*
- *Commit to environmental sustainability and achieving net zero*

4.1. Staff survey 2023

- We have launched the staff survey including, for the first time, a process in which free text comments submitted in responses will be reviewed by key HRA staff.
- This change was requested by Staff Voices. The survey was accompanied by blogs, including an update on actions taken as a result of the 2022 survey. A small working group from across the organisation is considering how best to share the results of the survey when they are available.

4.2. Organisational change

- An internal comms campaign on the rationale for change and the processes which inform how change happens was started following feedback from Mental Health First Aiders and the volunteer leads for the HRA's staff-led interest groups that sometimes support is sought by those affected by change from those who are not fully apprised of our policies.