

Introduction

The National Institute for Health Research (NIHR) will measure performance using outcomes in a balanced scorecard and benchmarks.

The Government has announced that the NIHR is adopting outcome indicators to measure local performance within the Framework for NIHR Research Support Services. This paper recommends five initial indicators (from a list of eight shown in table 1) used in a balanced scorecard, to support the objectives of the [Plan for Growth](#).

What do these NIHR outcome indicators measure?

These NIHR outcome indicators measure the impact of professional R&D management on the initiation, set-up and delivery of research studies. They are a measure of performance not just for NHS R&D offices, but for the collaborative effort of all the parties using the NIHR Research Support Services Framework through the research lifecycle: NHS Trusts, networks, sponsors and investigators. Trusts are expected to publish local performance against R&D outcome indicators in an accessible form for example; the NIHR balanced scorecard could appear alongside other evidence of outcomes in an organisation's Quality Accounts. Centrally, the NIHR will compare organisations' performance against benchmarks.

How are the indicators linked to other performance measures?

Two of the five indicators align with current NIHR CRN High Level Objectives (HLOs'). The others are measured using other management information that is routinely required by organisations working with the NIHR. The NIHR Research Support Services Framework does not encourage R&D offices to set up new large scale data collections and during 2011, the NIHR will test how to standardise the organisations' use of this management information to measure their performance against outcome indicators.

What happens next?

The NIHR will work with experienced research managers and others to:

- develop material explaining how to use outcome indicators;
- test options for benchmarks by late 2011, and
- prepare to publish comparative information against benchmarks in 2012.

In the meantime more information can be found in '[Frequently Asked Questions](#)'.

This paper is published for information alongside other parts of the NIHR Research Support Services Framework

The NIHR Research Support Services Framework: Outcome Indicators

The National Institute for Health Research Research Support Services Outcome Indicators

Summary document: 8 June 2011

The National Institute for Health Research promotes consistent and professional management of the initiation and delivery of research studies, with transparent information about outcomes. The NIHR Research Support Services Framework provides tools and guidelines based on good practice to streamline research and development processes and manage operational risk proportionately.

NIHR outcome indicators demonstrate how organisations manage R&D using this Framework. Trusts could report on their R&D outcome indicators in their [quality accounts](#).

A balanced scorecard approach combines indicators which drive competent performance and professional behaviour to improve delivery. This approach does not target a single indicator as to do so can often have a detrimental effect elsewhere in the process - for example, targeting a tight process timeline alone may leave issues unresolved that later threaten the delivery of a study.

The NIHR's balanced scorecard includes indicators for:

- The **quality** of the management processes demonstrating reliability and consistency in the management of avoidable operational study risks.
- The **speed** of successfully completing key stages in the management processes of studies through the management of avoidable operational risks.
- The **volume** of studies processed demonstrating satisfactory throughput.

Five outcome indicators are for immediate use. Three further indicators can be used when information systems allow.

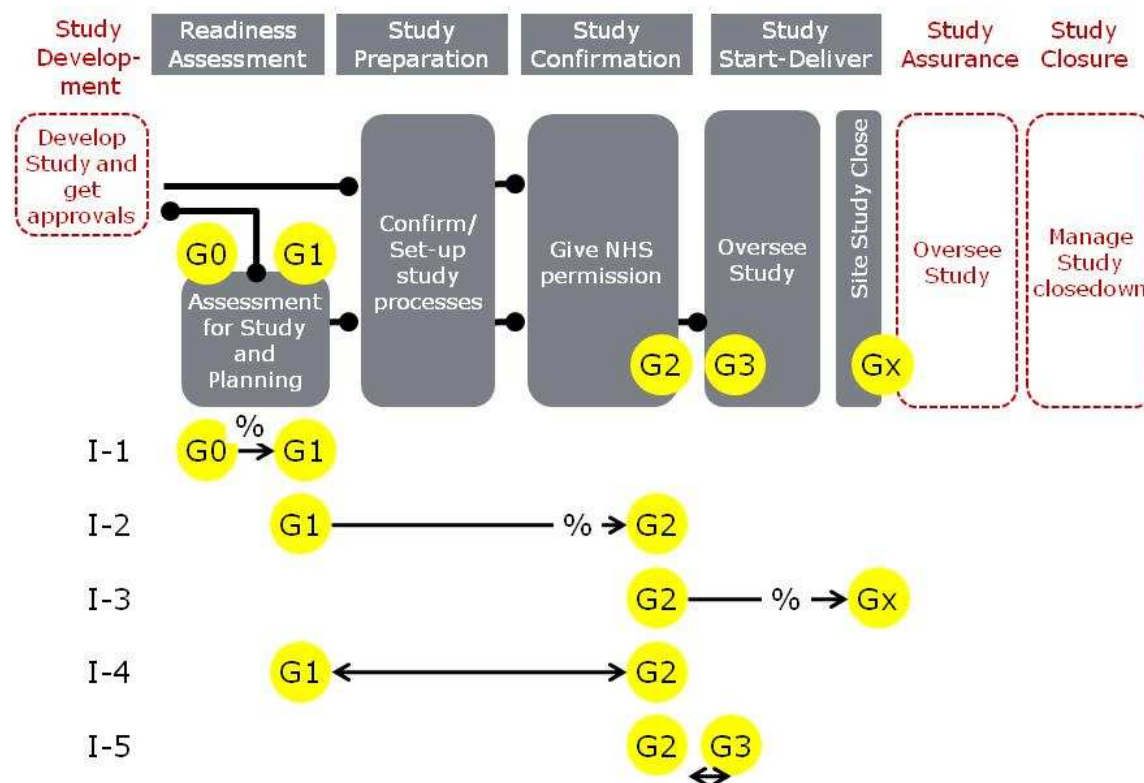
The five outcome indicators are:

- The proportion of studies where Trusts respond quickly to study information provided by sponsors (using the framework study planning tools) (see I-1 in figure 1).
- The proportion of studies which achieve NHS Permission in an agreed timescale (see I-2 in figure 1).
- The proportion of studies from NHS Permission to finish successfully (i.e. achieve agreed study 'targets' such as recruitment) (see I-3 in figure 1).
- The average (median) difference between planned and actual times to gain 'NHS Permission' (see I-4 in figure 1).
- The average (median) difference between planned and actual times from NHS Permission to 'start of study' (see I-5 in figure 1).

These outcome indicators are intended to support dashboards for specific stakeholder groups – for example in presenting process outcomes for commercial clinical trials against agreed norms or standard international benchmarks.

Figure 1 shows the NIHR outcome indicators relative to key events (or 'gates' i.e. G0, G1) in the R&D process.

Figure 1



The NIHR Research Support Services outcome indicators

- Are not targets; they capture quality as well as process outcomes such as 'improved time lines'.
- Do not replace operational metrics which drive local management actions.
- Indicate overall trends in performance of whole organisations or peer groups.
- Reinforce incentives for continuous improvement against benchmarks.
- Are not the sole responsibility of Research Managers; they measure the outcomes of collaborative effort of senior Trust management, other NHS staff in the Trust and the networks, investigators and sponsors.
- Are usable across all types of portfolio and non-portfolio, commercial and non-commercial studies, wherever the relevant activity information is available.
- Can compare outcomes for particular study/sponsor types (e.g. industry clinical trials).
- Can use existing data, and may be refined when information systems capture additional relevant data.
- Can allow for non-programmed delays.

Table 1 summarises the eight outcome indicators. The NIHR will work with stakeholders to formalise the indicators during implementation.

Table 1

	Outline description	Scorecard characteristic	Approach
1	<p>At the start of the NHS Permission process, the proportion of studies with a '<u>valid</u>' (or '<u>appropriate</u>') set of documents which receive a response from a Trust based on the Framework's study planning tools in less than five working days (or other agreed local benchmark).</p> <p>Or, the proportion of studies for which the Trust communicates <u>any</u> response based on the study planning tools in less than five days.</p> <p>Note: This indicator is included in the first five indicators.</p>	<p>Speed (Responsiveness)</p> <p>Perception</p>	<p>Information systems update required to capture data automatically.</p> <p>Could use a sponsor satisfaction rating as a proxy indicator.</p>
2	<p>The average (median) difference between planned and actual times (agreed with the sponsor) for 'gaining NHS Permission'.</p> <p>Note: This indicator is included in the first five indicators.</p>	<p>Speed (Responsiveness)</p> <p>Perception</p>	<p>The NIHR will compare performance against standard benchmarks by study type. The site may agree a different timeline with the CI or sponsor in an individual case (based on study complexity or other exceptional factors).</p> <p>An interim indicator CRN CC HLO 4 could be used and which sets a norm of 40 days for CSP studies.</p> <p>This metric may also be used for comparison with the industry metric benchmark of 30 days for certain types of study.</p> <p>Where such benchmarks do not apply, an alternative could be to use a sponsor satisfaction rating</p>

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3	The volume of studies achieving NHS Permission.	Volume (activity)	CRN CC HLOs' 1, 3, 6 could be used until comprehensive data are available.
4	<p>The proportion of studies which gain NHS Permission (that is, the number as a proportion of the studies having passed the planning stage).</p> <p>This is a measure of the quality of planning and risk management processes.</p> <p>Note: This indicator is included in the first five indicators.</p>	<p>Quality of process</p> <p>Perception</p>	<p>Information systems update required to capture data automatically.</p> <p>Could use a sponsor satisfaction rating as a proxy indicator, in the absence of suitable numerical data.</p>
5	<p>The average (median) difference between planned and actual times from NHS Permission to 'start of study' (agreed with sponsor).</p> <p>Note: This indicator is included in the first five indicators.</p>	<p>Speed and quality of risk management</p> <p>Perception</p>	<p>The NIHR will benchmark this measure against standardised timelines. Local recording may note when the planned time agreed for an individual study is based on study type or complexity.</p> <p>CRN CC HLO 5 could be used for when the target date is first recruit.</p> <p>This measure may be used for benchmarking against the industry norm of 10 weeks for certain types of study.</p> <p>Where such benchmarks do not apply, an alternative could be to use a sponsor satisfaction rating.</p>
6	<p>The proportion of studies with NHS Permission which achieve an agreed milestone (for example, meets an agreed recruitment target at a specified milestone).</p> <p>This provides a quality measure of the planning and risk management processes.</p>	<p>Optional indicator (see adjacent note)</p> <p>Quality of process</p> <p>Perception</p>	<p>To simplify the number of indicators could use no.7 as having met <u>all</u> milestones (in practice, this equates to recruitment and data quality milestones).</p> <p>As an interim indicator could use CRN CC HLO2 where the target is planned recruitment.</p> <p>Alternatively could use a sponsor satisfaction rating as a</p>

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			proxy indicator.
7	The proportion of studies from NHS Permission which close for sponsor instructed/planned reasons. This provides a quality measure of the planning and risk management processes. Note: This indicator is included in the first five indicators.	Quality of process/ risk management Perception	Alternatively could use a sponsor satisfaction rating as a proxy indicator. Note: this is only captured on completion therefore, as a snapshot; it is <u>not</u> equivalent to the opposite of no.8 as <u>ongoing</u> studies are omitted.
8	The proportion of studies from NHS Permission which close for non -sponsor instructed reasons. This provides a measure of the planning and risk management processes.	Quality of process/ risk management	Alternatively could use a sponsor satisfaction rating as a proxy indicator. Note: this indicator is only captured on exit therefore, as a snapshot; it is <u>not</u> equivalent to the opposite of no.7 as ongoing studies are omitted from the indicator.

Note that these outcome indicators can be used to support reporting dashboards for specific stakeholder groups – for example in presenting outcomes for commercial clinical trials for industry including:

- The time from protocol receipt by the Trust to first patient/first visit, including time for gaining NHS permission (outcome indicators 2 and 5).
- The percentage of (interventional) studies that recruited to agreed time and to target (outcome indicators 6 and/or 7).
- The number of patients recruited into industry investigational partnership studies (outcome indicators 3 and 7).