



*National Institute for
Health Research*

NIHR CRN High Level Objectives Year End Performance report - 2016/17

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Delivering research to
make patients, and the NHS, better

Preface

Scope of the NIHR HLOs Annual Performance Summary Report

This document sets out the NIHR Clinical Research Network's (NIHR CRN) annual performance against its High Level Objectives (HLOs) for the period 1 April 2016 to 31 March 2017, and includes a refreshed data set for Quarter 3 (1 October to 31 December 2016), Quarter 2 (1 July to 30 September 2016) and Quarter 1 (1 April to 30 June 2016). Performance is summarised in Table 1.

This document is produced by the CRN Coordinating Centre, which is responsible for collating and publishing performance data for the NIHR CRN as a whole. The (HLOs) are the Network's national, overarching objectives for research delivery in the NHS; these are defined in Table 2. The HLOs form one element of the suite of performance indicators which are used to assess the Network's performance. Performance against the other elements of the Network's Performance Framework (Clinical Research Network Specialty Objectives, Host Performance Indicators and Operating Framework Compliance Indicators) will be reported on an annual basis to the Department of Health.

The information presented represents the most complete information available at the time of publication. The main source of annual performance information is through the Central Portfolio Management System (CPMS) which went live on the 31 March 2016.

The data presented in this document may be quoted in presentations and papers. However, we ask that the title and issue date of the report are used, to avoid any confusion about the period to which the figures relate and the time at which the data were reported.

Red/Amber/Green (RAG) ratings

The RAG thresholds used throughout this section are:

- Red: less than 90% of the performance target
- Amber: 90% or more of the performance target but less than 100% of the performance target
- Green: 100% or more of the performance target

For the purposes of performance reporting decimal places are rounded up or down to the nearest whole number.

Further information

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Table 1. High Level Objectives Performance Summary Data for 2016/17 (1 April 2016 – 31 March 2017)

2016/17 Annual Performance											
HLO	2016/17 Annual Target	Quarter 1 Refreshed in Quarter 4 [1]	Quarter 2 Refreshed in Quarter 4 [1]	Quarter 3 Refreshed in Quarter 4 [1]	Quarter 4	2016/17 Annual Performance	% Difference from Annual Target	2012/13	2013/14	2014/15	2015/16
1	650,000	164,556	154,287	149,047	198,749	666,639	+3%	637,974	604,216	618,453	605,596
2a	80%	70%	78%	73%	72%	73%	-8%	58%	73%	63%	65%
2b	80%	83%	85%	85%	79%	83%	+4%	76%	78%	76%	76%
3a	650	204	139	193	193	729	+12%	455	533	623	650
3b	75%	89%	75%	99%	89%	88%	+18%	75%	82%	82%	85%
4 [2]	80%	59%	56%	63%	58%	60%	-26%	New metric for 2016/17			
5a [2]	80%	100%	33%	24%	46%	36%	-55%				
5b [2]	80%	50%	49%	53%	45%	49%	-39%				
6a	99%	98%	98%	98%	99%	99%	+0%	99%	100%	98%	100%
6b	70%	68%	72%	74%	79%	79%	+13%	62%	86%	78%	74%
6c	25%	33%	39%	44%	48%	48%	+92%	Not available	Not available	41%	42%
7	20,000	7,555	5,933	6,545	8,207	28,240	+41%	11,859	13,583	21,449	34,812

[1] Prior to 2015/16 recruitment data was refreshed on an annual basis only. Since 1 April 2015 recruitment data is refreshed on a quarterly basis, therefore the refreshed data presented for a particular quarter may differ to that previously presented for the same quarter.

[2] Objectives 4, 5a and 5b have been revised for 2016/17 in light of the introduction of HRA Approval, replacing NIHR CSP¹. Previous performance is not comparable and is therefore not included.

RAG ratings are against the annual performance target unless otherwise specified.

Where objectives were new in 2014/15 (3a, 6b, 7) and data is available, performance from 2012/13 and 2013/14 is provided for information but not RAG-rated as no target was in place for those years.

¹ Coordinated System for gaining NHS Permission

Performance Analysis

HLO 1 The highest ever number of participants have been recruited into NIHR CRN Portfolio studies during 2016/17. This means that 666,639 people were given opportunities to participate in clinical research within the NHS. This recruitment is 10% higher than 2015/16 and exceeds the annual target of 650,000, revised in 2014/15. This has in part been achieved through an increase in studies recruiting greater than 10,000 participants (7 studies compared to 3 in 2015/16).

HLO 2A The proportion of commercial contract studies achieving recruitment to time and target in 2016/17 has improved significantly to 73%. Performance has increased by 12% from 2015/16. The NIHR CRN has been working through its performance management plan to improve delivery to time and target and this is translating into improved performance across all LCRNs. This will continue to be the priority for the NIHR CRN in 2017/18.

HLO 2B The proportion of non-commercial studies achieving recruitment to time and target in 2016/17 has improved significantly to 83%, a 9% improvement from 2015/16. This is the best delivery performance for non-commercial research to date. Sustaining performance will continue to be the priority for the NIHR CRN in 2017/18.

HLO 3A 729 new commercial contract studies were added to the NIHR CRN Portfolio in 2016/17. The number of new commercial contract studies in 2016/17 is again at an all-time high. Close partnering and business development with all sectors of the life sciences industry has ensured continued growth, despite uncertainty during the introduction of Health Research Authority² (HRA) Approval and the potential implications of Brexit.

HLO 3B The percentage of commercial contract studies supported by the NIHR CRN, when compared to the total number of commercial MHRA Clinical Trial Authorisation (CTA) approvals for Phase II-IV studies, has been delivered above target for a fifth year. Variance in the number of CTA approvals coupled with the timing of actual entry onto the NIHR CRN Portfolio can affect the percentage quarter on quarter, but we have achieved 88%, exceeding the annual target of 75%.

² Please see the Health Research Authority website for further details
<http://www.hra.nhs.uk/about-the-hra/our-plans-and-projects/assessment-approval/>

HLO 4 60% of eligible studies obtained achieved NHS set up at all sites within 40 calendar days (from “Date Site Selected” to “Date Site Confirmed”) in 2016/17. This was the first full year of studies set up through HRA Approval, with ways of working between LCRNs and NHS Trusts and data collection methods within Local Portfolio Management Systems (LPMS) still embedding. We are continuing to work with LCRNs to ensure all required data to report start-up times is available and accurate, therefore we are cautious about deriving meaningful conclusions based on the current dataset.

HLO 5A 36% of commercial contract studies achieved first participant recruited within 30 calendar days in 2016/17. This measure has been revised in 2017/18 and reflects median performance across participating sites from the point at which all capacity and capability has been confirmed by the site. This was the first full year of studies set up through HRA Approval, with ways of working between LCRNs and NHS Trusts and data collection methods within Local Portfolio Management Systems still embedding. Whilst HLO 5 has been aligned with NIHR Performance in Initiating and Delivering Research (PID)³ reporting in 2016/17 and recent refinements of PID exception reporting have been added to ensure measures are complementary across the individual components of set-up and delivery, the impact of these changes is yet to be clear. In 2017/18, as collective experience of working with the new processes develops and the ability to align a site's confirmation of capacity with a sponsor's green light improves, we would expect to see improvements in performance.

HLO 5B 49% of non-commercial studies achieved first participant recruited within 30 calendar days in 2016/17. This measure has been revised in 2017/18 and reflects median performance across participating sites from the point at which all capacity and capability has been confirmed by the site. This was the first full year of studies set up through HRA Approval, with ways of working between LCRNs and NHS Trusts and data collection methods within Local Portfolio Management Systems still embedding. Whilst HLO 5 has been aligned with NIHR Performance in Initiating and Delivering Research (PID)⁴ reporting in 2016/17 and recent refinements of PID exception reporting have been added to ensure measures are complementary across the individual components of set-up and delivery, the impact of these changes is yet to be clear. In 2017/18, as collective experience of working with the new processes develops and the ability to align a site's confirmation of capacity with a sponsor's green light improves, we would expect to see improvements in performance.

HLO 6A 99% of NHS Trusts recruited into NIHR CRN Portfolio studies in 2016/17. Only one NHS Trust was not research active in 2016/17, which demonstrates the breadth of opportunity that people have to access clinical research opportunities in the NHS.

³ <http://www.nihr.ac.uk/research-and-impact/nhs-research-performance/performance-in-initiating-and-delivering-research/>

⁴ <http://www.nihr.ac.uk/research-and-impact/nhs-research-performance/performance-in-initiating-and-delivering-research/>

HLO 6B 79% of NHS Trusts recruited to commercial contract studies in 2016/17, which exceeds the 70% annual target. This improved performance is complemented by the continued increase in the number of new studies supported by the NIHR CRN.

HLO 6C 48% of General Medical Practices recruited participants into NIHR CRN Portfolio studies in 2016/17. Any practice that has actively recruited to NIHR CRN Portfolio studies within 2016/17 is included in this metric, and we have managed to significantly exceed the 35% annual target.

HLO 7 28,240 participants were recruited into Dementias and Neurodegeneration (DeNDRoN) Specialty studies within 2016/17. This significantly surpasses last year's recruitment of 28,240 participants and the 20,000 target. Increasing numbers of people were recruited through Join Dementia Research.

Table 2. NIHR CRN HLO Definitions

Objective		Measure	Target
1	Increase the number of participants recruited into NIHR CRN Portfolio studies	Number of participants recruited in a reporting year into NIHR CRN Portfolio studies	650,000
2	Increase the proportion of studies in the NIHR CRN Portfolio delivering to recruitment target and time	A: Proportion of commercial contract studies achieving or surpassing their recruitment target during their planned recruitment period, at confirmed Network sites	80%
		B: Proportion of non-commercial studies achieving or surpassing their recruitment target during their planned recruitment period	80%
3	Increase the number of commercial contract studies delivered through the NIHR CRN	A: Number of new commercial contract studies entering the NIHR CRN Portfolio	650
		B: Number of new commercial contract studies entering the NIHR CRN Portfolio as a percentage of the total commercial MHRA CTA approvals for Phase II–IV studies	75%
4	Reduce the time taken for eligible studies to achieve set up in the NHS	Proportion of eligible studies achieving NHS set up at all sites within 40 calendar days (from “Date Site Selected” to “Date Site Confirmed”)	80%
5	Reduce the time taken to recruit first participant into NIHR CRN Portfolio studies	A: Proportion of commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from “Date Site Confirmed” to “Date First Participant Recruited”)	80%
		B: Proportion of non-commercial contract studies achieving first participant recruited within 30 days at confirmed Network sites (from “Date Site Confirmed” to “Date First Participant Recruited”)	80%
6	Increase NHS participation in NIHR CRN Portfolio Studies	A: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio studies	99%

		B: Proportion of NHS Trusts recruiting each year into NIHR CRN Portfolio commercial contract studies	70%
		C: Proportion of General Medical Practices recruiting each year into NIHR CRN Portfolio studies	35%
7	Increase the number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	Number of participants recruited into Dementias and Neurodegeneration (DeNDRoN) studies on the NIHR CRN Portfolio	20,000

NB. Measures for HLO 4, 5A and 5B have been revised in light of the introduction of HRA Approval, replacing NIHR CSP