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| **Agenda item:** | **8** |
| **Attachment:** | **D** |

**HRA BOARD COVER SHEET**

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| **Date of Meeting:** | 16th November 2016 |
| **Title of Paper:** | KPI Q2 Report  |
| **Purpose of Paper:** | To update the board on performance data for Q2  |
| **Reason for Submission:** | The HRA is committed to improving performance and has developed a comprehensive suite of indicators that enable it to both make necessary interventions when data suggests performance is dipping, and to highlight and celebrate areas of high performance |
| **Lead reviewer:** | All Directors |
| **Details:** | The board are asked to consider the attached data and associated commentary and discuss.The Board are also asked to note the following which have been removed from the KPI report ***A13 Reduction in the number of Queries raised as a result of REC Review.******A14 Reduction in the number of Amendments being processed before a study recruits its first participant.******I1 Increase in the number of Applications which have clearly involved patients, service users and the public in their development from a 2010 baseline.***As reported to the Board in September there were a number of significant challenges in pulling together data for these KPI’s. After further internal discussions it appears that the complexity of gathering the necessary data will not enable us to measure these particular KPI’s in 16/17. Although in the case of **I1,** data will be able to be produced at year end for overall performance in 2016.The intention is to take the necessary learning from this issue and ensure that we are able to have in place the appropriate technical/manual mechanisms to report on all KPI’s in 17/18 |
| **Suitable for wider circulation?**  |  Yes. |
| **Time required for item:**  | 10 mins |
| **Recommendation / Proposed Actions:** | **To Approve** | **Yes** |
| **To Note** |  |
| **For Discussion** | **Yes** |
| **Comments** |  |
| **Name:** | Ian Cook |
| **Job Title:**  | Director Corporate Services |
| **Date:** | 9th November 2016 |

**KPI ‘Red’ Summary**

What follows is a brief summary of those KPI’s that have returned a ‘Red’ score and describes the cause/s of those results and any organisational response that has or will be taken.

**Areas returning ‘Red’ scores**

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| A3 | 95% of applications to research ethics proportionate review service to receive decision within 14 calendar days |

**Cause**: Diversion of resources to assist with amendment workload . Higher levels of leave in summer months and increased sickness absence. Bank Holiday in August.

**Response:** Performance expected to strengthen in Q3 as factorsidentified above no longer impact

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| A15 | Non-REC studies: Approved studies (non-REC) are approved in Median 15 days from date of application to the HRA to the date of approval. |
| A16 | REC-PR studies: Approved studies (REC-PR) are approved in median 10 days from date of additional REC conditions being met to date of approval. |

**Cause:** Worsening figure in Q2 reflects impact of clearing backlog of amendments and pre-Approval, and focus on clinical studies. Case load management balances progressing new studies vs open studies.

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| A17 | Full-REC, non-Commercial studies (NC Full REC) Approval studies are approved in a median 25 days from the date of final REC Opinion additional REC conditions being met to the date of approval. |
| A18 | Full-REC, Commercial studies (C Full REC) Approval studies are approved in a median 10 days from the date of final REC Opinion additional REC conditions being met to the date of approval. |

**Cause**: Although figures exceed KPIs, median timelines have reached plateau. Many of these studies would have had a significant time gap between REC and R&D applications, as well as gaps prior to SSI submission, as well as the R&D review process.

***Response****:* In relation to A15-18. The board received a full report on HRA Approval data and progress on recovery plans for amendments at its October meeting.