

Social Care REC

Annual Report

01 April 2017 - 31 March 2018



Part 1 – Committee Membership and Training

Name of REC:	Social Care REC
Type of REC:	Authorised REC
Type of Flag:	Adult Social Care, Qualitative Research, Research Involving Adults Lacking Capacity
Chair:	Dr Martin Stevens
Vice-Chair:	Ms Susan Harrison
Alternate Vice-Chair:	Mr Craig Moss
REC Manager:	Mrs Barbara Cuddon
REC Assistant:	Ms Patrycja Pysz – until 03 November 2017 Temporary REC Assistants from 06 November 2017 to current date
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Chair's overview of the past year:

1.1 Introduction

Welcome to the eighth Annual Report of the Social Care Research Ethics Committee for England, now in its ninth year of operation. The Social Care REC remains a firmly established feature of the social care research world, providing substantial support and advice to researchers in addition to its primary role of delivering research ethics opinions to the sector. In doing so it is in a unique position to reflect upon aspects of the volume and quality of social care research, albeit in a generalised way. However, a wider range of topics are being reviewed by the Social Care REC in the last year, including a number of studies based in hospitals, although all had a qualitative element.

Overall, there was a decrease in the number of studies reviewed by the Committee in 2017-18 compared with the previous year (40 compared with 52), after an increase from the year before. This may be due to a hiatus in funding from a major funder, the NIHR School for Social Care Research. A new tranche of funding from this source will be available in 2019 and this may increase numbers again. Continuing the pattern from last year, we gave a relatively small number (5) of 'unfavourable' decisions, this year, the same as in 2016. For the third year in a row, there was an increase in the proportion of 'Provisional' outcomes (32, 80%) compared with (34, 65%) in 2016-17 and 21, 47%) in 2014-15. This may be related to a better understanding of the strict parameters required for a 'Favourable with conditions' opinion.

This report will give an overview of the composition and a flavour of the kinds of ethical issues we are responding to in reviewing social care research.

1.2 The Mental Capacity Act 2005

Most researchers demonstrate a confident familiarity with the requirements of the Mental Capacity Act (2005) and only minor amendment is needed to their applications. However there continues to be a small minority of researchers, some from other research traditions, who appear to have little knowledge of the requirements of the Act. These researchers continue to have problems in:

- Demonstrating a good enough justification for including people who lack capacity
- Devising acceptable approaches to assessing capacity of potential participants who lack decision-making capacity in relation to consenting to take part in research.
- Devising means of approaching and recruiting people who lack capacity (i.e. in identifying who can be consultees and the roles that consultees have)
- Adapting methods to ensure that people who lack capacity can participate meaningfully.

We have had to refuse permission for some studies to involve this group of people on several occasions because of these difficulties. We would advise that research that involves adults who lack capacity can add time and complexity to studies and require researcher/s to have or be able to access the necessary expertise. However it is essential that such research is undertaken. Providing services that meet the needs of people who lack capacity who are likely to have the most severe impairments, requires the generation of good quality research evidence, informed by the participation of the people who need these services.

1.3 Recruitment of social care research participants

We reviewed 17 substantial amendments again this year, and 17 non-substantial amendments were submitted to the Committee, slightly more than the 13 that were reviewed in 2016-17 (up from 15 in 2016-2017). Many of the amendments related to problems in recruitment, a trend we have noticed over the past few years. Researchers have obviously continued to have problems engaging local authorities in their studies, to help with recruitment, identifying potential other organisations and in research governance. This is also apparent again from comments in the annual progress reports submitted to the Committee.

1.4 Applications based in postgraduate degrees

Again this year we received many (16) applications from postgraduate students, most of whom have submitted excellent applications, and the students themselves have appeared confident and knowledgeable. Attendance of the student, with his or her supervisor is a very important factor, enabling the Committee to make good judgements about the applications. It is important for the REC to meet the supervisor to assess the support available to the student. Students attending Committee without their supervisors often struggle, which sometimes has an impact on the eventual opinion of the Committee. Such difficulties are not necessarily related to the quality of students' proposals, their general research knowledge or professional expertise. Supervisors can respond to material questions concerning, for example, institutional policies, about which students may not be informed. In addition, supervisors will invariably have a more advanced understanding of, for example, the technical requirements of research ethics review or relevant legislation. The supervisor can also illustrate the degree of supervision and support available to students, who often are researching sensitive topics, and will usually require debrief and ongoing advice. We strongly advise that supervisors routinely attend Committee either in person or by phone in order to support their student.

1.5 Inclusion of Intrusive Questions in Validated Questionnaires

There have been ongoing questions raised by some members of the Committee about the use of what are seen as 'Intrusive' questions in some commonly used research tools, which some consider humiliating for disabled people. Currently, the Committee has adopted a case by case approach, questioning the need to include the intrusive questions. In addition we have required researchers to make it clear in Participant Information Sheets that such questions will be asked, and that participants are not obliged to answer all questions.

1.6 Standards

The Social Care REC reviews up to 6 studies per meeting, the average this year is 4.4 reviews per meeting, compared with 4.4 in 2016-17 and 5.2 in 2015-16. All final opinions were delivered well within HRA prescribed maximum of 60 days and our average time from receipt of a valid application to final opinion is 33 days (up from 28 days in 2016-17), which may be a reflection of the increase in 'provisional' opinions, which inevitably add time to the review process.

We did not undertake a feedback survey during the period under review, although feedback is invited from applicants, and we meet occasionally with researchers and research funders, including the NIHR School for Social Care Research, to clarify issues and to review mutual perceptions. This kind of informal feedback has been positive. The HRA complaints procedure is available to applicants to the Social Care REC, but has been invoked neither during the review period nor previously.

The Social Care REC responds, where appropriate, to consultation documents from the HRA/RES and external organisations. For example, the Committee submitted a response to the second edition of the UK Policy Framework for Health and Social Care Research, which contained the plans to replace the Research Governance Framework.

1.7 Social Care REC, the HRA, and RES

The Health Research Authority (HRA), with RES as the core, was established in 2011. In accordance with the Care Act 2014 provisions the HRA was established as a new, statutory Non Departmental Public Body (NDPB) as of 1 January 2015, and took on responsibility for the research ethics and governance in social care. The Social Care REC formally transferred to the HRA on the 1st April 2015. However the DH continued funding the Social Care REC until March 2016, after which the HRA had to take responsibility for funding the Social Care REC. As a consequence, several changes have been proposed and some implemented.

There has been continued discussion of the appropriate composition of the Social Care REC and other RECs that do not review Clinical Trials of Investigational Medicinal Products (CTIMPs). Many members have been unhappy about their categorisation as 'Expert', 'Lay' and 'Lay+', which have

been taken from the CTIMP regulations. Other REC chairs have reported similar problems. In addition to the impact on members, the 'Expert' categorisation is limited to clinical professionals, which excludes many experts such as social care researchers. As members leave the REC, it may be difficult to ensure that people with appropriate expertise are recruited, given the proportions of expert members required. I wrote a paper, in collaboration with Susan Harrison (SCREC vice-chair) and other REC chairs, which proposed changes to the definitions and proportions of members in each category required in RECs that do not review CTIMPs. This has been considered by HRA and in principle the idea of making these changes has been accepted, although there is a process of exploring the practical implications currently (April 2018). We will continue to take part in discussions about this issue to ensure that the REC members have the most appropriate expertise.

1.8 Conclusion

We believe that the Social Care REC plays a valued and effective role in advising researchers and promoting ethical and worthwhile research in social care, whilst protecting the interests of participants. A measure of its impact may be seen in its extensive referencing within the Scottish Government's 'Navigating Ethical Approval and Access in Social Care Research' consultation document, a consultation to which we have submitted evidence.

On a personal note, I have continued to enjoy my role as Chair; the work has thrown up many interesting and knotty ethical problems, to which Committee members have usually found elegant and practical solutions. The Committee has an enormous store of specialist knowledge, experience of social care research and ability to use high level ethical reasoning to inform final opinions on applications. I feel sure that the work of the Committee continues to improve the ethical standards and quality of the social care research it reviews. However many members term of office will be completed in 2019, so it is of great importance that we recruit members who have a wide range of expertise and experience, in order to maintain these high standards.

As always, the success of the Committee's work is down, in huge part to the continuing support of Barbara Cuddon, our REC Manager. Her excellent organisational skills and initiative are an essential part of the system. The Social Care REC also owes continuing thanks: to Janet Messer, Director of the Approvals Service at the HRA, for her strong support for the Committee. Finally, and not at all least, thanks to all members of the Committee who contribute a great deal, all on top of their normal jobs, or on a purely voluntary basis. I have very much enjoyed working with them.



Dr Martin Stevens – April 2018

Social Care REC Membership

Name	Profession	Expert or Lay	Dates	
			Appointed	Left
Mr Sean Bolton	Lay Public Involvement Advisor	Lay Plus	01/01/2017	13/12/2017
Ms Jeanne Carlin	Self-employed Disability Consultant	Lay	19/11/2012	30/09/2017
Ms Sam Clemens	Research Director	Expert	16/02/2009	
Ms Rachel Dittrich	Safeguarding Officer	Lay	16/02/2009	
Mr Robert Droy	Personalisation Expert Panel Chair	Lay Plus	02/01/2015	
Dr Michael Dunn	Lecturer in Health and Social Care Ethics	Lay Plus	04/03/2009	
Ms Sandra Eismann	Demand and Capacity Advisor	Lay Plus	18/08/2016	
Dr Yohai Hakak	Lecturer in Social Work	Expert	04/01/2018	
Ms Susan Harrison	Health and Social Services Manager	Lay	22/02/2009	
Ms Claire Lambert	Social Researcher	Expert	18/11/2012	
Mrs Irene Linder	Retired	Lay Plus	25/02/2009	04/01/2018
Dr Janet Melville-Wiseman	Principal Lecturer in Social Work	Expert	19/01/2018	
Mr Craig Moss	Research Director	Lay	12/03/2009	
Mrs Bridget Penhale	Reader in Mental Health of Older People	Expert	23/02/2009	
Dr Lindsey Pike	Senior Research and Development Officer	Lay	16/12/2014	01/08/2017
Dr Martin Stevens	Senior Research Fellow	Expert	28/11/2013	

Social Care REC: Co-opted Members

Name	Profession	Status	Meeting date attended
Mr Barry Moody	Retired Solicitor/Partner in Law Firm	Lay Plus	02/02/2018
Dr Shelley Watcham	Medical Advisor	Expert	02/02/2018

Social Care REC: Members' Declarations of Interest:

Name	Declaration of Interest	Date
Mr Sean Bolton	Member of West Herts NHS Trust - Patient's Panel	04/08/2017
Ms Sam Clemens	Small number of shares in Ipsos MORI Research Director at Ipsos MORI	12/02/2018
Ms Rachel Dittrich	Safeguarding, Quality and Governance Senior Officer, Hampshire County Council. Includes research management.	12/02/2018
Mr Robert Droy	Document Reviewer for NHIR CLAHRC North Thames.	10/04/2017
Dr Michael Dunn	I am a member of the Executive Advisory Board for the Executive Care Group (private care home provider organisation in the north of England), and their Specialist Advisor on Ethics and Values. It is possible that this group will, in the future, be a site in which social care research is conducted and that will be reviewed by a NHS REC. I am an academic at the University of Oxford, involved in conducting empirical research into the ethical aspects of health and social care. This role involves submitting ethics applications for research projects, including to NHS RECs.	13/02/2018
Ms Sandra Eismann	Senior Manager at NHS England	12/02/2018
Dr Yohai Hakak	Lecturer in Social Work, Brunel University London	10/01/2018
Ms Susan Harrison	I could potentially be commissioned as a sole trader. Trustee of Changing Faces, a disfigurement charity. The charity could potentially be commissioned to deliver research. I am the Head of Health and Homelessness for the NHS in London and in that context may from time to time commission small scale research. I am a member of the National Research and Ethics Advisors' Panel' (NREAP).	13/02/2018
Dr Janet Melville-Wiseman	I am currently co-chair of JUC-SWEC Learning and Teaching Committee (until end of February 2018). The Joint University Council (JUC) is a registered charity and Learned Society and the Social Work Education Committee is a membership arm of JUC including most HEIs who deliver social work education in the UK. It occasionally commissions small scale research from its members (perhaps one project a year) who are expected to follow their own institution's Research Ethics Procedures or apply through the HRA. I would recuse myself from any involvement in the review process of such projects.	28/02/2018

	<p>I am Chair Designate of JUC-SWEC (from September 2018) and as an officer will also be a trustee of the charity.</p> <p>I am chair of the Faculty of Health and Wellbeing Research Ethics Committee at Canterbury Christ Church University (CCCU) and so would recuse myself from review of applications from CCCU.</p>	
Mr Craig Moss	<p>I am Research Director of the Social Research Partnership</p> <p>I am also the owner of the research consultancy , the Social Research partnership</p>	20/03/2018
Mrs Bridget Penhale	<p>Member Action on Elder Abuse (also member of Advisory Group)</p> <p>Member Ann Craft Trust</p> <p>Member/Patron PASA (Practitioner Alliance for Safeguarding Adults)</p> <p>Researcher working on a number of research projects (details can be provided on request)</p> <p>Chair of University Research Ethics Committee (UREC), University of East Anglia, Norwich</p> <p>Peer reviewer for a number of research funding organisations: NIHR, ESRC, Nuffield Foundation, Alzheimer's Society</p> <p>Peer reviewer for a number of journals (Ageing and Society, Age and Ageing, BJSW, Journal of Social Work plus several International Journals)</p>	13/02/2018
Dr Martin Stevens	Chair SSRG-in-LARIA research interest group	12/02/2018

Meetings for Full Ethical Review 01 April 2017 - 31 March 2018:

Month	Date	Number of Members Present at Meeting
April	07/04/2017	10
May	05/05/2017	11
June	02/06/2017	8
September	01/09/2017	9
October	06/10/2017	8
November	03/11/2017	10
December	01/12/2017	9
February	02/02/2018	8
March	02/03/2018	10

9 full committee meetings were held during the reporting period.

Sub-Committee Meetings held during 01 April 2017 - 31 March 2018:

Month	Date	Number of Members Present at Meeting
April	07/04/2017	2
April	13/04/2017	3
April	28/04/2017	2
May	31/05/2017	2
June	30/06/2017	2
July	31/07/2017	2
August	31/08/2017	2
September	29/09/2017	2
November	24/11/2017	3
November	30/11/2017	2
January	31/01/2018	2
February	28/02/2018	2
March	15/03/2018	2
March	30/03/2018	2

14 sub-committee meetings were held during the reporting period.

Details of inquorate meeting held: 01 April 2017 - 31 March 2018

0

Attendance of Members at full committee meetings:01 April 2017 - 31 March 2018

Name	Number of Meetings Attended
Mr Sean Bolton	7
Ms Jeanne Carlin	2
Ms Sam Clemens	4
Ms Rachel Dittrich	6
Mr Robert Droy	6
Dr Michael Dunn	5
Ms Sandra Eismann	7
Dr Yohai Hakak	1
Ms Susan Harrison	9
Ms Claire Lambert	8
Mrs Irene Linder	6
Dr Janet Melville-Wiseman	1
Mr Craig Moss	4
Mrs Bridget Penhale	6
Dr Martin Stevens	9

Attendance of Members at sub-committee meetings: 01 April 2017 - 31 March 2018

Name	Number of Meetings Attended
Ms Sam Clemens	1
Ms Rachel Dittrich	2
Mr Robert Droy	2
Dr Michael Dunn	3
Ms Sandra Eismann	2
Ms Susan Harrison	5
Mrs Claire Lambert	1
Ms Claire Lambert	1
Mrs Irene Linder	1
Mr Craig Moss	3
Mrs Bridget Penhale	1
Dr Martin Stevens	8

Training 01 April 2017 - 31 March 2018

Name of Member	Date	Event(s) attended
Mr Sean Bolton	04/07/2017	Research Involving Adults Who Lack Capacity (including research in emergency situations)
Mr Sean Bolton	25/07/2017	Committee Members Induction
Ms Sam Clemens	19/01/2018	Exploring the Ethical Issues of Mixed Methods Research
Ms Rachel Dittrich	29/06/2017	Hampshire County Council Equalities and Diversity Training
Mr Robert Droy	19/01/2018	Exploring the Ethical Issues of Mixed Methods Research
Dr Michael Dunn	02/01/2018	Research Ethics Training Programme
Ms Sandra Eismann	19/01/2018	Exploring the Ethical Issues of Mixed Methods Research
Dr Yohai Hakak	25/02/2018	Online Members Induction
Ms Susan Harrison	03/05/2017	RES Chairs' Meeting
Ms Susan Harrison	19/01/2018	Exploring the Ethical Issues of Mixed Methods Research
Ms Claire Lambert	19/01/2018	Exploring the Ethical Issues of Mixed Methods Research
Mr Craig Moss	19/01/2018	Exploring the Ethical Issues of Mixed Methods Research
Mrs Bridget Penhale	21/09/2017	Online/Distance Data Protection Training (University)
Mrs Bridget Penhale	27/11/2017	Online/Distance: Equality and Diversity Training (University)
Mrs Bridget Penhale	24/01/2018	Teaching on Mental Capacity Act (MCA) 2005
Dr Martin Stevens	06/11/2017	RES Chairs' Meeting
Dr Martin Stevens	24/11/2017	Chair's Training Event
Dr Martin Stevens	19/01/2018	Exploring the Ethical Issues of Mixed Methods Research

PART 2: REC WORKLOAD AND ACTIVITY DURING THE REPORTING PERIOD

Table 1: Applications assigned to a full committee meeting held within the reporting period:

Applications for full ethical review – Study Type	Number	%
Clinical Trial of Investigational Medicinal Product	0	0.00
Phase 1	0	0.00
Gene Therapy	0	0.00
Research Tissue Bank (including renewals)	0	0.00
Research Database (including renewals)	0	0.00
Others	40	100.00
Total Applications Reviewed	40	100

Table 2: Breakdown of full applications and other activity during reporting period

Number of applications made invalid by the REC Manager	1
Number of applications withdrawn prior to the meeting	4
Number of student applications reviewed	16
Number of paediatric applications reviewed	0
Number of device applications reviewed	0
Number of prisoner applications reviewed	1
Number of applications involving adults unable consent reviewed	11
Number of applications reviewed that are funded by the US DHHS	0
Number of qualitative applications reviewed	16

Table 3: Decisions given at meetings held within the reporting period

Decisions taken at meetings following review of applications	Number	%
Favourable Opinion with Standard Conditions	0	0.00
Favourable Opinion with Additional Conditions	3	7.50
Unfavourable Opinion	5	12.50
Provisional Opinion	32	80.00
Provisional Opinion Pending Consultation with Referee	0	0.00
Total	40	100
Number of studies sent back to full committee meeting for final opinion	0	

Table 4: Summary of current status of applications reviewed during the reporting period

Status of applications at date of generation of report	Number	%
Further Information Favourable Opinion with Standard Conditions	25	62.50
Further Information Favourable Opinion with Additional Conditions	6	15.00
Further Information Unfavourable Opinion	0	0.00
Favourable Opinion with Standard Conditions	0	0.00
Favourable Opinion with Additional Conditions	3	7.50
Unfavourable Opinion	5	12.50
Provisional Opinion	0	0.00
Provisional Opinion Pending Consultation with Referee	0	0.00
Further Information response not complete	1	2.50
No decision entered on system	0	0.00
Number of studies withdrawn after the meeting	0	0.00
Total	40	100

Table 5: Other Management Information based on the number of completed applications for the reporting period:

Average number of applications reviewed per full meeting	4.44
Number of completed applications for full ethical review	40
Number of completed applications for full ethical review over 60 days	0
Number of completed applications over 60 days as a % of total	0.00%
Number of days taken to final decision – average (mean)	33
Number of SSAs (non-Phase 1) reviewed	0
Number of completed applications for SSA review over 25 days	0
Number of completed applications for SSA review over 25 days as % of all non- Phase 1 SSAs	0.00%
Number of SSAs (Phase 1) reviewed	0
Number of completed applications for SSA review over 14 days	0
Number of completed applications for SSA review over 14 days as % of all Phase 1 SSAs	0.00%
Number of substantial amendments reviewed	17
Number of completed substantial amendments over 35 days	0
Number of completed substantial amendments over 35 days as a % of total substantial amendments	0.00%
Number of modified amendments reviewed	0
Number of completed modified amendments over 14 days	0
Number of completed modified amendments over 14 days as a % of total modified amendments	0.00%
Number of non substantial amendments received	17
Number of substantial amendments received for information	0
Number of substantial amendments received for new sites/PIs	0
Number of annual progress reports received	27
Number of safety reports received	0
Number of Serious Adverse Events received	0
Number of final reports received	10

Table 6: Breakdown of current status of all full applications reviewed within the reporting period

Further Information Favourable Opinion with Standard Conditions		
REC Reference	Title	Number of Days on Clock
17/IEC08/0021	Impact of the Weekly Sparkle on dementia care staff practice	38
17/IEC08/0022	Hospice-led Innovations Study to Improve Care (HOLISTIC)	40
17/IEC08/0024	Care Act: Building social resources for people in the community	45
17/IEC08/0025	Physical healthcare needs of people with serious mental illness	44
17/IEC08/0026	Non-contact health monitoring to support care in hospital rooms	37
17/IEC08/0028	Mental health and rare diseases	31
17/IEC08/0029	Care Act Supporting Carers	20
17/IEC08/0034	Personal Health Budgets: an ethnographic study V 1.0	38
17/IEC08/0038	Exploring the role of volunteers in care settings for older people	51
17/IEC08/0041	The Social Care needs of Adults with Tourette's syndrome	29
17/IEC08/0042	Physical activity and quality of life in people with memory problems	32
17/IEC08/0043	Dental survey of older adults in care homes in Grampian V1	33
17/IEC08/0044	Older people: care and self-funding experiences	37
17/IEC08/0045	Experiences of Transition from Secure Hospital to Community	42
17/IEC08/0048	How do arts activities engage the individual living with dementia?	26
17/IEC08/0049	Experiences of Adults with Intellectual Disability and Dysphagia	27
17/IEC08/0050	Improving choices for care	31
17/IEC08/0053	Supporting people with IDD to find loving relationships	32
17/IEC08/0055	Evaluation of communication passports	31
18/IEC08/0001	Handover in care homes: residents' and families' perspectives	34
18/IEC08/0002	PTSS in parents of children with brain tumours	38
18/IEC08/0003	Life experiences, Engagement , Attachment and Negative Symptoms	31
18/IEC08/0004	Acceptability of technologies to detect deteriorating mental health	33
18/IEC08/0006	Spouse experiences of realizations of change after brain injury.	28
18/IEC08/0007	Transitions for palliative care patients v1	39

Further Information Favourable Opinion with Additional Conditions		
REC Reference	Title	Number of Days on Clock
17/IEC08/0015	Critical moments in physician-patient conversations on endometriosis	41
17/IEC08/0019	Development of a novel body-worn falls monitor	40
17/IEC08/0020	Elder Abuse and Justice	37

17/IEC08/0027	Intensive Domiciliary Care and the experience of the wider family v1	29
17/IEC08/0037	Is evidence used to reduce interventions in low risk labour ?	44
17/IEC08/0040	Medical Records Data Quality version 1	45

Further Information Unfavourable Opinion

REC Reference	Title	Number of Days on Clock
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Favourable Opinion with Standard Conditions

REC Reference	Title	Number of Days on Clock
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Favourable Opinion with Additional Conditions

REC Reference	Title	Number of Days on Clock
17/IEC08/0014	Time to Connect Evaluation	26
17/IEC08/0017	Barriers and Facilitators to deprescribing in care homes	26
17/IEC08/0052	Social Stories for adults with Learning Disabilities (SSALD)	21

Unfavourable Opinion

REC Reference	Title	Number of Days on Clock
17/IEC08/0018	Qualitative study of social interaction in care homes	35
17/IEC08/0036	The trauma histories of men with IDD/autism living in secure hospitals	24
17/IEC08/0039	Improving choices for care	21
18/IEC08/0005	The Effect of Turnover in CCOs on Service Users under CPA in CMHTs	25
18/IEC08/0009	Implementing Setting-Wide Positive Behaviour Support	22

Provisional Opinion

REC Reference	Title	Number of Days on Clock
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Provisional Opinion Pending Consultation with Referee

REC Reference	Title	Number of Days on Clock
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Further information response not complete

REC Reference	Title	Number of Days on Clock
18/IEC08/0008	Coupledness in later life: living together and apart	n/a

Withdrawn after the meeting

REC Reference	Title	Number of Days on Clock
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Table 7: Breakdown of current status of all substantial amendments reviewed within the reporting period

Favourable opinion

Amendment REC	Title	Version	Date	Number of Days on
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Reference				Clock
15/IEC08/0005/AM07	Comprehensive modelling of outcomes for those with memory problems	v4.0, 23/01/2017	10/04/2017	28
15/IEC08/0007/AM01	'Neighbourhoods: our people, our places'	SA01	24/07/2017	31
16/IEC08/0007/AM02	Care networks from the perspectives of people with dementia - V1	AM01	03/04/2017	15
16/IEC08/0025/AM07	Identifying the trauma-related profiles of children in foster care	SA06	26/07/2017	22
16/IEC08/0029/AM03	Developing a revised easy-read version of ASCOT	Amendment 3, 17 October 2017	17/10/2017	2
16/IEC08/0037/AM01	Promoting Alcohol Reduction In Non-Treatment Seeking parents (PARENTS)	SA01	03/07/2017	31
16/IEC08/0037/AM03	Promoting Alcohol Reduction In Non-Treatment Seeking parents (PARENTS)	3 24.1.18	23/01/2018	24
16/IEC08/0038/AM01	Impact of Pre-Trial Therapy on Sexual Violence Survivors	SA01	22/06/2017	10
17/IEC08/0003/AM01	Objects, dementia and risk: An ethnographic study in care homes	Am01	24/07/2017	2
17/IEC08/0004/AM01	Older men at the margins, social engagement & loneliness V1	OMAM Scientific Protocol V2 10	10/10/2017	6
17/IEC08/0010/AM01	Investigating the role of the private sector in NHS hip replacements	SA01	21/06/2017	12
17/IEC08/0015/AM07	Critical moments in physician-patient conversations on endometriosis	Number 1	26/01/2018	13

17/IEC08/0017/AM0 1	Barriers and Facilitators to deprescribing in care homes	1, 03/10/2017	03/10/2017	4
17/IEC08/0026/AM0 1	Non-contact health monitoring to support care in hospital rooms	1.0	02/02/2018	26
17/IEC08/0028/AM0 1	Mental health and rare diseases	1, 25/10/2017	25/10/2017	7
17/IEC08/0028/AM0 2	Mental health and rare diseases	2, 04 January 2018	04/01/2018	25

Unfavourable opinion

Amendment REC Reference	Title	Version	Date	Number of Days on Clock
16/IEC08/0046/AM0 1	Young Adult Carers and Social Care Services	05 February 2018	05/02/2018	28

Table 8: Breakdown of current status of all modified amendments reviewed within the reporting period

Favourable opinion timeline

Amendment REC	Title	Version	Date	Number of Days on
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Reference				Clock
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Unfavourable opinion timeline				
Amendment REC Reference	Title	Version	Date	Number of Days on Clock

Table 9: Items exceeding timelines

Full applications for ethical review over 60 day timeline

REC Reference	Title	Number of Days on Clock
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Proportionate review applications for ethical review over 21 day timeline

REC Reference	Title	Number of Days on Clock
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SSAs (non Phase 1) over 25 day timeline

REC Reference	Title	Number of Days on Clock
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SSAs (Phase 1) over 14 day timeline

REC Reference	Title	Number of Days on Clock
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Substantial Amendments over 35 day timeline

Amendment REC Reference	Title	Version	Date	Number of Days on Clock
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Modified Amendments over 14 day timeline

Amendment REC Reference	Title	Version	Date	Number of Days on Clock
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