Policy for Trust Management Approval of Clinical Research

Final Version 6.0

Category:	Policy
Summary:	Implementation of this policy will ensure that the Trust fulfils its statutory obligations which in turn will maintain public confidence in the safety, rights and well-being of participants of research studies undertaken at the OUH Trust are protected.
Equality Impact Assessment undertaken:	Sept 2017
Valid From:	January 2018
Date of Next Review:	January 2021
Approval Date/ Via:	Trust Management Executive 8 February 2018
Distribution:	Via Research and Development to: • Researchers within OUH Trust • Research and Development website
Related Documents:	Sponsorship of Clinical Research Studies Policy Monitoring, Audit and Compliance Checks of Research Studies Policy Integrity in Research Policy Safety Reporting in Clinical Research Policy Incident Reporting Policy
Lead Director:	Medical Director
Author(s):	Head of Research Governance
Further Information:	Heather.house@ouh.nhs.uk
This Document replaces:	Trust Management Approval of Clinical Research FINAL Version 5.0

Contents

Introduction

1. The Health Research Authority and the Medicines for Human Use (Clinical Trials) Regulations 2004 and amendments require that an organisation taking on the role of 'Sponsor' must have proper arrangements in place to initiate, manage, monitor and finance a study.

2. Where the organisation is providing care to research participants within studies with other Sponsors, the organisation must ensure that legislation related to research is followed.

3. These requirements not only apply to the initial approval of a research protocol, but throughout the conduct of the research, including where the protocol is amended.

4. This policy covers the process of both Trust Management Approval (TMA) and agreement with the Sponsor that the Trust has the necessary capability and capacity to undertake the research.

5. The Trust is contracted with the National Institute of Health Research (NIHR) to report on and publish its performance against national benchmarks for both initial set-up of research studies; and recruitment to time and target. Failure to achieve these targets, could affect the provision of NIHR funding in the future.

6. The National Health Service (Quality Accounts) Regulations 2010 require that NHS trusts provide information on the clinical research undertaken, where a Research Ethics Committee has given a favourable opinion on an annual basis.

Policy Statement

7. It is the policy of the Trust to:

   7.1 Protect the safety, dignity, rights and well-being of all patients involved in clinical research.

   7.2 Ensure that arrangements are in place for the management and monitoring of clinical trials/research studies, where the Oxford University Hospitals NHS Foundation Trust ('the Trust') has taken on the role of Sponsor or host institution, including compliance with the relevant regulations.

   7.3 Conduct research management and governance procedures using a consistent risk-proportionate approach to ensure timely approval and appropriate oversight of sponsored and hosted clinical research.

   7.4 To meet the required NIHR benchmarks for the trust approval of valid research applications and recruitment of the first patient to such studies, and then to recruit to time and target as contracted so to do.

Scope

8. This Policy applies to anyone conducting clinical research within the Trust, whether such research is sponsored or hosted by the Trust.

9. This document applies to all areas of the Trust, and all employees of the Trust, including individuals employed by a third party, by external contractors, as voluntary workers, as students, as locums or as agency staff.

Aim

10. This policy sets out a consistent procedure for the review and authorising of TMA for studies and subsequent amendments for which the Trust has been asked to take on the role of 'Sponsor' or host institution.

11. Under the UK Policy Framework for Health and Social Care 2017 (UKPF), REC approval for tissue banks is voluntary and neither sponsorship nor TMA is required. However, it is a requirement under the Human Tissue Act (HTA) 2004 that NHS organisations have procedures in place to ensure appropriate governance of research tissue banks, The Trust therefore requires that R&D are notified of all research databanks being set up in order to meet the requirement.

12. It is a requirement that NHS organisations have procedures in place to ensure appropriate governance of research databanks, The Trust therefore requires that R&D are notified of all research databanks being set up in order to meet the requirement.

13. This policy aims to ensure that the Trust takes responsibility for the ongoing quality of research studies.

14. This policy aims to ensure that the Trust achieves national benchmarks related to initiation of research and recruitment to time and target.

Definitions

The terms in use in this document are defined as follows:

Health Research Authority Approval

15. National permission for the conduct of a research study within all NHS Trusts. (This new process began a staged introduction in May 2015).

Confirmation of Capacity and Capability (CCC)

16. An NHS Trust's formal written confirmation that assessment has been undertaken that it has the capability and capacity to undertake the research. This will take the form of either a formal contract or a Statement of Activities

Trust Management Approval

17. Agreement on behalf of the Trust with the Principal Investigator that they may conduct the research.

Sponsor

18. The organisation taking responsibility for initiation, management and financing (or arranging the financing) of a clinical trial of an investigational medicinal product (CTIMP) or research study.

Host Organisation

19. The organisation where the research is going to take place and will take local responsibility for the running of each research protocol.

Chief Investigator

20. The individual, as identified in the ethics application, who takes overall responsibility for the conduct of a clinical study.

Principal Investigator

21. The individual who takes on responsibility for conduct of the study at a particular site.

Substantial Amendment

22. An amendment to the terms of the protocol or any other supporting documentation that is likely to affect to a significant degree: the safety or physical or mental integrity of the subjects of the trial; the scientific value of the trial; the conduct or management of the trial; and/or the quality or safety of any investigational

medicinal product used in the trial.

Non-substantial Amendment

23. These can be defined as changes to the details of the study which have no significant implications for the subjects, conduct, management, or the scientific value of the study.

Urgent Safety Measure

24. An amendment which needs to be implemented as a matter of urgency, in order to protect research participants against any immediate hazard to their health or safety.

Clinical Trial of an Investigational Medicinal Product (CTIMP)

25. Any investigation in human subjects, other than a non-interventional trial*, intended: a) to discover or verify the clinical, pharmacological or other pharmacodynamic effects of one or more medicinal products; b) to identify any adverse reactions to one or more medicinal products; or c) to study the absorption, distribution, metabolism and excretion of one or more such products; with the object of ascertaining the safety or efficacy of those products. Such trials will be governed by the Medicines for Human Use (Clinical Trials) Regulations 2004 and updates.

*The Medicines and Healthcare products Regulatory Agency (MHRA) view a trial as interventional where a drug is being given as an intervention and assessments are being undertaken to assess the effects. This is not dependent on the prescription of that drug being undertaken as part of the protocol.

Device Trials

26. A clinical investigation designed to establish the performance of a medical device to reveal adverse events under normal conditions of use, and permit assessment of the acceptable risks having regard to the intended performance of the medical device. Such trials are regulated by the UK Policy Framework (UKPF) and would require the approval of an ethics committee. Trials using non-CE marked devices are also regulated by the Medical Devices Regulations (2017). Where a trial involves a non-CE Marked device, and the Sponsor is not intending to use the data for CE marking, the contract must be clear that this is so and evidence of communication with the MHRA must be provided.

27. Confirmation of the approval of Clinical Engineering for use of the device within the Trust is also required.

Interventional Trial / Study

28. Any investigation in human subjects which involves some form of clinical intervention: surgical, medical, or psychological, but which is not classified as a CTIMP as defined in Paragraph 16. Such studies are regulated by the UKPF and would require the approval of an ethics committee.

N.B. For purposes of classification, the term “interventional” should not be confused with “invasive”. Interventional studies involve changing the course of clinical care. Invasive studies would involve invasion of the body, for example venepuncture.

Non-interventional Study

29. Any investigation in human subjects, who are patients, which is observational and does not involve any intervention in addition to their normal clinical care Such studies are regulated by the UKPF and would require the approval of an ethics committee.

30. A collection of human tissue or other biological material, as defined by the Human Tissue Act 2004, which is stored for research use beyond the life of a specific project with ethical approval or for which ethical approval is pending

31. **Research Databank** (termed 'Research Database' on the Integrated Research Application System (IRAS)

32. A collection of data, which is stored for potential research, beyond the life of a specific project, with ethical approval, or for which ethical approval is pending. All studies using data supplied by a databank need Trust Management Approval, whether or not the Databank has ethics approval.

Responsibilities

33. The **Chief Executive** has overall responsibility for this policy.

34. The **Medical Director / Director of R&D / Head of Research Governance / Head of Research & Development Operations / Research and Development Manager** have delegated authority on behalf of the Trust to:

    34.1. Authorise the TMA letters to the PI as required.

    34.2. Authorise research contracts relating to research projects or amendments to research projects.

    34.3. Authorise acceptance of ongoing Trust Management Approval with regard to the amendment of hosted research projects and clinical trials provide a mechanism for escalation for R&D and/or investigators when required, to ensure NIHR timelines are met.

    34.4. Give leadership, support and advice to the Research Governance Team relating to research governance and oversight.

35. **Research and Development Staff** have responsibility to:

    35.1. Provide advice and information to investigators on the process of attaining TMA and authorisation of amendments covered by this policy.

    35.2. Conduct proportionate reviews of the study including assessments of capability and feasibility assessments according to the type of study, size of study and level of risk, liaising with investigators and sponsors as required, to ensure NIHR timelines are met.

    35.3. Conduct Safety Reporting Risk Assessments for all hosted CTIMPS – commercial and non-commercial.

    35.4. Advise on training requirements for research teams involved in clinical research.

36. **Chief Investigator (CI) / Principal Investigator (PI)** (or delegate) has the responsibility to:

    36.1. Ensure that confirmation of support has been obtained from the relevant service support departments, prior to approaching R&D (e.g. pharmacy, radiology, labs, pathology) and that the relevant directorate manager is aware of the study.

    36.2. Ensure that Clinical Engineering is happy for the use of any devices or equipment that has not been obtained through the usual Trust procurement processes.

    36.3. Ensure that the Trust Lead for Psychological Medicine has been contacted, where the study includes patients with mental illness; uses psychological

methods or interventions; involves psychology of psychiatric services; or includes patients who may have a risk of harming themselves or others.

36.4. Ensure that recruitment targets are realistic, feasible and achieved wherever possible.

36.5. Ensure that the study team is in full readiness to begin study recruitment promptly, following agreement with the Sponsor and TMA being granted.

36.6. Provide all necessary information and documentation in a timely manner.

36.7. Provide information on research activity, as required for the quarterly reports to the NIHR and annually for the Quality Accounts Regulations in a timely manner.

36.8. Ensure that the local study team are appropriately qualified by experience and training to undertake the study including information governance training and appropriate training for conducting clinical trials and research.

36.9. Ensure that the conduct of the study is in compliance with the protocol, the terms of the Research Ethics approval, all relevant legislation, and any relevant contracts.

36.10. Ensure that R&D is informed of any change in the status of the Principal Investigator (e.g. leaving the Trust; maternity leave), prior to that change taking place.

36.11. Comply with conditions of approval for the research as described in the Trust Approval Letter.

36.12. Have responsibility to communicate with R&D, following study approval, to provide all relevant documentation for any amendment, whether OUH sponsored or hosted.

Content of the Policy

Trust Management Approval Process

37. Prior to submission of any study for NHS permission, the Principal Investigator must ensure that all of the relevant Service Support Departments have been approached and have undertaken to accommodate the study; that the relevant directorate manager is aware of the study; and that the study team are, themselves ready to recruit, once permission has been granted.

38. The TMA process can begin as soon as documents have been finalised, and once other applications (Research Ethics Committee (REC), HRA, and MHRA, where applicable) have been submitted. The TMA process can continue in parallel to these applications and evidence of those approvals can be provided when available. However, permission will not be granted until such approvals are in place.

39. When a valid application is received, along with all other required localised documents, the study will be validated and a project identification (PID) number allocated.

40. Where a contract is required for any study, it is recommended that a standard agreement is used.

41. A member of the R&D Team will collate all relevant documents; assess feasibility with the PI; ascertain capacity and capability; and conduct the required level of governance review to assess the level of risk and impact on the Trust. Further information may be requested, where anything is unclear.

42. Once the final approval letters relating to the study have been provided, a letter to the PI, confirming TMA will be prepared and signed by the authorised signatory.

43. At this stage the fully executed contract (signed by all parties), or signed Statement of Activities would be released to the sponsor as formal Confirmation of Capacity and Capability to conduct the project at the Trust. (CCC).

44. A study may not begin until all the relevant approvals are in place and, if applicable, a contract, signed by all the relevant parties, has been received by the Trust R&D team.

Ongoing Approval

45. Once granted, TMA is conditional on regular updates being provided by the investigator team.

46. The investigator is required to inform R&D of the date of the first patient recruited to the study as soon as that occurs. Studies failing to recruit within the NIHR benchmarks, without a valid reason for this failure, may have TMA withdrawn.

47. The investigator is also required to provide data for reports to the NIHR on a quarterly basis to inform of progress of study recruitment to time and target, and to provide reasons where recruitment is not achieving agreed targets.

48. In addition, the investigator team will also be required to provide further information on an annual basis for the Trust Quality Accounts.

49. Other updates can generally be derived from progress reports, during monitoring visits (where relevant) and from end of study reports.

50. Any proposed change in the status of the PI (e.g. departure from the Trust, maternity leave) must be communicated to the R&D team, prior to that change taking place.

Protocol Amendments

51. All protocol amendments should be submitted for review by the R&D Department. If a study is sponsored by the Trust then the R&D department needs to approve the amendment before it is submitted to regulatory bodies.

52. Following an updated HRA Approval, arrangements can be made to implement amendments or very occasionally, and in discussion with the sponsor, withdraw from participation in the study if the amendment adversely affects the capacity and capability of the organisation to deliver the research to the new information.

Submission Process for Amendments to Hosted Studies

53. Submission of a Substantial Amendment to the HRA, REC, MHRA (where applicable) and R&D can be undertaken in parallel. R&D staff can process the amendment in anticipation of the relevant approvals being granted, providing that the approval letters are, ultimately provided.

54. All documents submitted to the Research Ethics Committee, should also be provided to R&D. Other than the approval letters, an amendment cannot be processed by R&D until all documentation has been provided.

55. On receipt of the required documents, a member of the R&D Team will collate all relevant documents and assess whether there is any impact on the Trust and whether the amendment is compliant with the relevant legislation. Further information may be requested, where anything is unclear.

56. Once the final approval letters relating to the amendment have been provided, ongoing Trust Management Approval (TMA) will be authorised by email. Non-substantial Amendments - Non-substantial amendments to research projects

hosted at the OUH Trust should be copied to R&D for information for filing, updating the R&D database record and acknowledgement to the study team.

Training

57. Training in Good Clinical Practice GCP, or Good Research Practice GRP is available to all those involved in the conduct of clinical research within the Trust. The approval process is covered within this training.

58. All staff involved in the conduct of TMA, CCC, or amendment review receive training in the use of the trust R&D SOPs. Each individual's training needs will be identified through annual appraisal and supervision.

Monitoring Compliance

59. Compliance with the document will be monitored in the following ways

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Issue of trust approval letters	Report numbers approved	Head of Research Governance	Annual	Trust Management Executive
Issue of Confirmation of capacity and Capability letters	Report numbers approved	Head of Research Governance	Annual	Trust Management Executive
GCP Training	Report numbers trained	Head of Research Governance	Annual	Trust Management Executive
Timelines for NIHR Portfolio Review, set-up and first patient recruited; and recruitment to time and target	NIHR national metrics	Head of Research Governance	Quarterly	Trust Management Executive
Provision of information for Quality Accounts	Report volume of non-responders	Head of Research Governance	Annual	Quality Committee

Review

60. This policy will be reviewed in 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents

61. The Trust Management Executive has delegated authority to the Head of Research Governance for the approval of any further supporting or associated documents.

References

62. The Medicines for Human Use (Clinical Trials) Regulations 2004 and Amendments

63. The UK Policy Framework for Health and Social Care 2017

64. ICH Harmonised Tripartite Guideline for Good Clinical Practice

65. Performance in Initiating and Delivering Clinical Research Information Submission Guidelines; NIHR Central Commissioning Facility

66. The National Health Service (Quality Accounts) Regulations 2010

Equality Impact Assessment

67. As part of its development, this policy and its impact on equality, diversity and human rights has been reviewed, an equality analysis undertaken (see appendix 1) and in order to minimize the potential to discriminate, no adjustments have been identified.

List of Appendices

68. The following appendices are attached to support this document:

    Appendix 1: Equality Impact Assessment: Full Analysis

Document History

Date of revision	Version number	Reason for review or update
May 2007	1.5	Updated to cover developments in research.
May 2009	2.0	Updated to cover Quality Accounts Regulations; requirements for research databanks and tissue banks; and changes made in response to MHRA Inspection findings.
June 2011	3.0	Updated to cover new R&D process.
Dec 2013	4.0	Updated to cover new R&D process, NIHR reporting requirements and change in trust name
Sept 2015	5.0	Updated to include the HRA approval process move to new policy template.
August 2017	6.0	Updated to clarify requirement of Clinical Engineering and Psychological Medicine; and to incorporate protocol amendment policy

Appendix 1: Equality Impact Assessment: Full Analysis

Equality Analysis
Policy / Plan / Proposal name: Policy for Trust Management Approval of Clinical Research
Date of Policy: September 2017
Date due for review: September 2020
Lead person for policy and equality analysis: Head of Research Governance
The only policies and proposals not relevant to equality considerations are those not involving people at all (for example equipment such as fridge temperature)
Identify the main aim and objectives and intended outcomes of the policy Set out consistent procedures: • For the review and authorising of TMA for studies and subsequent amendments for which the Trust has been asked to take on the role of 'Sponsor' or host institution. • to ensure appropriate governance of research tissue banks, in compliance with the Human Tissue Act (HTA) 2004. • To ensure appropriate governance of research databanks. • To ensure that the Trust takes responsibility for the ongoing quality of research studies • to ensure that the Trust achieves national benchmarks related to initiation of research and recruitment to time and target.
Involvement of stakeholders Based on the previous version, this update has drawn on feedback from researchers and other staff including members of the R&D team.
Evidence Population information on www.healthprofiles.info search for Oxfordshire. The process of agreeing to host a research project occurs in line with the UK Policy Framework. This references many acts of parliament with which the research must comply. Reviewing a proposal for research as a host organisation assures that compliance. Different research projects will be aimed at different patient and or staff groups with different age, sex, religious, sexual orientation, marital status, physical and mental status. Some or none of these may be important or unimportant in the research proposed.
Disability Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Learning Disability Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Sex Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Age Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Race Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Sexual orientation Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee

Equality Analysis
Pregnancy and maternity Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Religion or belief. Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Gender re-assignment Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Marriage or civil partnerships Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Carers Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Safeguarding people who are vulnerable Where relevant to the research proposal, this issue is reviewed by the relevant project reviewer on behalf of the Trust; by the Health Research Authority and by the Research Ethics Committee
Other potential impacts, for example culture, human rights, socio economic, for example homeless people Not applicable
Summary of Analysis This policy does not show any potential to discriminate. Implementation of this policy will ensure that the Trust fulfils its statutory obligations which in turn will maintain public confidence in the safety, rights and well-being of participants of research studies undertaken at the OUH Trust are protected.
Does the evidence show any potential to discriminate? Not applicable
How does the policy **advance equality of opportunity?** Not applicable
How does the policy **promote good relations between groups** (promoting understanding)? Not applicable