1. Introduction

This Standard Operating Procedure (SOP) describes the process of responding to any form of non-compliance identified in research Hosted by University Hospitals of Leicester NHS Trust (UHL), including audit findings, protocol violations, contractual issues, and whistleblowing not requiring implementation of SOP C-2016 UHL Suspected Fraud and Misconduct in Research.

It is recognised that the majority of cases of non-compliance are not deliberate acts, nor is there usually intention to deceive.

2. Scope

This SOP applies to all individuals conducting research Hosted by the UHL or where UHL is the research SITE.

3. Definitions

Forms of non-compliance are described as *critical, major or other* in line with audit and inspection processes of Regulatory Authorities.

- A critical non-compliance can include instances where:
  - The safety, well-being or confidentiality of participants has been jeopardised or has the potential to be jeopardised.
  - Reported data are unreliable or absent.
  - Inappropriate, insufficient or untimely corrective action has taken place regarding major non-compliance
  - Lack of adequate documentation available to reconstruct the study or failure to maintain an appropriate Investigator Site File (ISF)

- A major non-compliance can include instances of :
  - Significant and unjustified non-compliance with relevant legislation or the principles of Good Clinical Practice (ICH GCP).
  - A number of breaches of legislation or the principles of ICH GCP within one area, indicating systematic quality assurance failure.
  - A failure to comply with legislative requirements including annual reporting requirements.

- Any other finding can be identified as :
  - Any other finding that is neither critical nor major.

4. Procedure

Non-compliance identified during a Sponsor monitoring or audit visit, by regulatory authorities inspection, or by other means will be investigated appropriately by the R&I Office. The procedures described below are general, and each instance of non-compliance will be assessed and responded to on a case by case basis.

4.1)
Critical Non-Compliance
When cases of critical non-compliance (Section 3) have been identified during a Sponsor monitoring or audit visit, by regulatory authorities inspection, or by other means the Principal Investigator (PI) must alert the Research & Innovation Office giving detail of the specific non-compliance. Initial notification must be made by email to RIAdmin@uhl-tr.nhs.uk and followed up with a phone call to the office (0116 258 8351) within 5 calendar days. The initial notification must include an outline of the non-compliance and any immediate corrective action that has been or will be immediately undertaken.

Dependent on the nature of non-compliance, the study may be suspended with immediate effect if this is deemed the most appropriate course of action. Before a study is suspended the implications will be discussed with the research team and only following liaison with the Sponsor & Director of R&I. In rare circumstances it may be necessary to suspend all studies associated with the same PI. Identification of a critical non-compliance may prompt audit and close monitoring of associated studies.

Where cases of critical non-compliance have been identified from within UHL, the Sponsor or their representative will be notified by the R&I Office.

The PI must ensure that the UHL R&I Office are copied into all correspondence relating to the Critical non-compliance. Prior to restarting a study following a suspension, the R&I Office must confirm continued Capacity and Capability.

In cases where the Critical non-compliance relates to Consent, there is a requirement that the Corrective Action and Preventative Action (CAPA) include all study personal attending an appropriate consent training session.

4.2)
Major Non-Compliance
When cases of major non-compliance (Section 3) have been identified during a Sponsor monitoring or audit visit, by regulatory authorities inspection, or by other means the Principal Investigator (PI) must alert the R&I Office giving detail of the specific non-compliance within 14 calendar days. Initial notification must be made by email to RIAdmin@uhl-tr.nhs.uk. The initial notification must include an outline of the non-compliance and any immediate corrective action that has been or will be undertaken.

It should be noted that evidence of several major non compliances has the potential to escalate findings to the level of Critical non-compliance.

Where cases of major non-compliance have been identified from within UHL, the Sponsor or their representative will be notified by the R&I Office.

The PI must ensure that the UHL R&I Office are copied into all correspondence relating to the major non-compliance.

4.3)
Other Non-Compliance
When cases of other non-compliance (Section 3) have been identified during a Sponsor monitoring or audit visit, by regulatory authorities inspection, or by other means the Principal Investigator (PI) must alert the R&I Office giving detail of the specific non-compliance within 28 calendar days. Initial notification must be made by email to RIAdmin@uhl-tr.nhs.uk.

Following notification of non-compliance the R&I Office will assign a member of the team to support the PI and the research team in carrying out the relevant CAPA requirements. Where a Sponsor CAPA is not available, it is recommended that the CAPA SOP C-2014 UHL be used. They will also advise on appropriate legislative process and be a key contact for the Sponsor.

5. Non-Compliance

Failure to comply this with this SOP may result in research study/ies being suspended & further investigations to be instigated.

6. Responsibilities

	Responsibility	Undertaken by	Activity
1	Principal Investigator	Principal Investigator	The Principal Investigator is responsible for ensuring that the trial complies with legislation, Principles of Good Clinical Practice and the protocol for the study.
2	Principal Investigator	Principal Investigator	The Principal Investigator is responsible for responding to notifications of non-compliance
3	Principal Investigator	Principal Investigator	The Principal Investigator is responsible for ensuring the research team are appropriately trained, experienced and qualified to deliver the study in accordance with the principles of Good Clinical Practice, take informed participant consent and deliver the protocol (see SOP C-2005 UHL Training in Staff Engaged in Clinical Research and SOP C-2001 UHL Informed Consent for Research)
6	Research & Innovation Office	Head of Research Operations and R&I Director	The Director of Research and Innovation will take the final decision whether to suspend a study and associated studies
7	Research & Innovation Office	Head of Research Operations	The Head of Research Operations will decide in collaboration with the Sponsor when action is sufficient to reinstate a study or studies
8	Research & Innovation Office	Head of Research Operations	The Head of Research Operations will advise in respect of non-compliance and provide access to GCP training and consent assessment as appropriate.
9	Research & Innovation Office	Head of Research Operations	The Research & Innovation Office will escalate action if response is insufficient.
10	Research & Innovation Office	Head of Research Operations or delegate	The Research & Innovation Office will undertake close monitoring and audit of reinstated studies as appropriate.

7. Who Guideline Applies To

All staff within UHL and external to UHL who are delivering research.

8. Education and Training

The SOP is detailed so the process can be clearly followed. No flowchart is provided / required.

9. Education and Training

None

10. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Sponsor Audit	Randomly chosen for audit	Carolyn Maloney	As and when	A report will be produced

11. Supporting Documents and Key References

SOP C-2016

SOP C-2014

SOP C-2005

SOP C-2001

12. Key Words

Research, Innovation, EDGE, Compliance, Non-Compliance

13. Contact and Review Details

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Lisa Wann R&I manager	**Executive Lead** **Medical director**
Details of Changes made during review: **Review and update**	

14.

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This table is used to track the development and approval of the document and any changes made on revised / reviewed versions

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February 2019	3	CM.LW	Consistency Check. Update to Logo
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