POLICY DOCUMENT

Policy Title:	Research Policy
Policy Group:	Whole Organisation
Policy Owner:	Chief Executive
Issue Date:	February 2021
Review Period:	24 months
Next Review Due	February 2023
Author:	C Hinton
Cross References:	Information Management Policy, Patients' Guide
Evidence:	Research Governance Framework for Health and Social Care, DoH, 2005
How implementation will be monitored:	Via the Clinical Governance Medical Research and Ethics Committee and Management Team
Sanctions to apply for breach:	Not applicable
Computer File Ref.	O:risk management: policies: whole organisation
Policy Accepted by MT	21st February 2019 22nd January 2020 (minor update) 10th February 2021
Sign-off by CEO	

Statement of purpose:

This statement is intended to define the Hospital's policy and thereby to ensure that patients, staff and their families who receive services at Holy Cross Hospital are protected from any aspect of a research programme that might adversely affect them or the treatment they receive.

Policy Applies to:

- Staff employed at Holy Cross Hospital;
- Employees/students of other organisations who wish to conduct research within Holy Cross Hospital.

Understanding research:

Definitions:

Research covered by this policy encompasses:

- Participation by external professionals as researchers;
- Participation by staff of Holy Cross as researchers;
- Use of facilities or equipment;
- Access to patient and Holy Cross Hospital records;
- Investigations involving patients of Holy Cross Hospital;
- Any other research activity carried out in Holy Cross Hospital for which ethical approval is required as set out in the Department of Health, Research Governance framework (RGF) for health and social care 2nd Edition (2005)

The key elements of a quality research culture that will be adopted by Holy Cross are (RGF, 2005):

- Respect for participants' dignity, rights, safety and well-being
- Valuing the diversity within society
- Personal and scientific integrity
- Leadership
- Honesty
- Accountability
- Openness
- Clear and supportive management

Objectives:

- To ensure appropriate access is available to research results that will underpin clinical best practice
- To ensure each project undertaken at Holy Cross Hospital has a principal investigator who is responsible for:
    - The relevant design and conduct of the research project;
    - Maintaining ethical standards;
    - Ensuring patient safety and confidentiality;
    - Progress reports to the Clinical Governance Medical Research and Ethics Committee at the completion of the project or if longer than 12 months at 12 monthly intervals.
    - Obtaining appropriate ethics approval from
        - NHS Research Ethics Committee
        - A reputed University Ethics Committee
        - A relevant approved Tertiary Ethics Committee
        - Holy Cross Hospital Clinical Governance Medical Research and Ethics Committee.

Rationale:

Holy Cross Hospital encourages relevant high quality research, which improves the effectiveness of healthcare interventions and the efficiency of health service delivery. Therefore Holy Cross Hospital:

- promotes, facilitates and supports research;
- participates in the governance and management of research;
- Ensures research meets the high clinical, scientific and ethical standards required of it.

Evaluation:

Research proposals will be presented by the Director of Clinical Services to the Clinical Governance Medical Research and Advisory (CGMRE) and Management Team identifying:

- All research proposals
- An update of current research being undertaken at Holy Cross Hospital

Research at Holy Cross can be

1. Review of patient data and MDT files with an aim of investigating the service delivery model or effects of a specific intervention e.g. retrospective records review
2. Studies that involve professionals working at Holy Cross Hospital e.g. Survey or interview of staff employed by Holy Cross Hospital

3. Studies involving patients/ relatives i.e. Survey or questionnaires that will be completed by patients/ relatives OR investigating the effect of one treatment over another/ none (provided treatments are in line with national guidelines for the management of that condition/ patient group)

Decision to allow research will be taken by the Management Team on the recommendation of the Clinical Governance Medical Research and Ethics Committee on a case-by-case basis and will be permitted only

1. If it is carried out by a registered professional (Nurses by NMC, Therapists by HCPC and Doctor by GMC for example)
2. After obtaining appropriate ethical approval from a reputed organisation i.e. NHS Research Ethics Committee or a University Research Ethics Committee
3. Appropriate supervision is in place for the whole period of the research through an expert in the field i.e. similar to senior lecturer/ professor of a reputable University
4. The principle investigator can provide proof of funds available to complete the whole project

Satisfying the above does not necessarily mean the research activity will be approved.

We do not share patient-identifiable information for research or planning purposes and are therefore compliant with the National Data Opt Out.

Review

This policy has been reviewed for overt or implied discrimination within the scope of the Hospital's policies on equality and diversity and none was found. The policy will be reviewed annually to ensure that the system described continues to provide an effective framework for planning and delivering learning and development.