Standard Operating Procedure			**51.004**
Risk Assessment			
Version	**5.0**		
Prepared by	Maureen Travers	Signature	Date
Approved by	Caroline Watson	Signature	Date
Released by	Julie Brittenden	Signature	Date

1. SOP Category

NHS GG&C Sponsor R&I

2. Staff Category

Research and Development (R&I)

- R&I Coordinators
- R&I Facilitators
- R&I Pharmacy
- R&I Clinical Trials Monitors
- R&I Pharmacovigilance/ Device (PV) Officer
- University of Glasgow Research Governance Officer (RGO)
- Research Governance Manager
- Project Managers
- Innovation Contracts Manager (Innovation Coordinator)
- Innovation Project Managers
- Chief Investigator

3. Scope

This procedure applies to studies, Clinical Trials of Investigational Medicinal Products (CTIMPs – Clinical Trials) and Clinical Investigations of non-CA marked Medical Devices (CIMD) sponsored by NHS Greater Glasgow and Clyde (NHS GG&C) and co-sponsored by NHS GG&C and the University of Glasgow. It also applies to non-commercial CTIMPs hosted by GG&C.

4. Scope

4.1 The purpose of this SOP is to describe the (NHS GG&C) procedure for risk assessment of sponsored/co-sponsored CTIMPS, sponsored/co-sponsored CIMD and for risk assessment of other sponsored studies (Non-CTIMPs – Research Studies). This SOP also describes the procedure for risk assessing non-commercial CTIMPs hosted by GG&C. The aim is to ensure that all stakeholders have an opportunity to raise and be made aware of potential areas of risk so that identified risks can be mitigated.

4.2 The purpose of the Clinical Trial risk assessment (Form 51.004A) is to: identify potential hazards; describe risks; assess the likelihood of hazard/risk manifestation and; describe mitigation strategies. The MRC/DH/MHRA joint project on risk adaption (2011) described risk in clinical trials as 'the likelihood of a potential hazard occurring and resulting in harm to the participant and/or organization, or to the reliability of the results'.

4.3 The purpose of a non-CTIMP risk assessment (Form 51.004B) is to determine risk to patients involved in this study. A risk category of low, medium or high will be applied to the study. Any study identified as high risk will be assessed for oversight by the sponsor through audit or monitoring.

4.4 The purposed of the hosted non-commercial CTIMP risk assessment (Form 51.004C) is to identify potential areas of risk in the areas of local patient safety and data quality. A risk category of low, medium or high will be assigned to allow NHS GG&C to determine if the study requires local governance oversight.

Other risks may arise during the course of the study or trial. These should be captured on a study specific risk assessment.

4.5 The purpose of the Clinical Investigation risk assessment (Form 51.004E) is to: identify potential hazards; describe risks; assess the likelihood of hazard/risk manifestation and; describe mitigation strategies for trials of non-CA marked medical devices.

5. Procedures

5.1 Chronology of Clinical Trial Risk Assessment

The risk assessment will be performed (via a meeting of all stakeholders) after study documents - considered adequate for the purpose of risk assessment - have been received by the R&I Coordinator (RC) and Research Governance Officer (RGO). Study documents include, but are not limited to, the protocol (or clinical investigation plan), participant information sheets and informed consent forms. The risk assessment will be completed and fully authorised prior to initial submissions to acquire: clinical trials approval from regulatory authorities; favourable opinion for Research Ethics Committees (RECs) and; local management approval. The RC may refer to the Clinical Trial Risk Assessment Guidance Document (51.004D), as required, when preparing to perform the risk assessment. This is intended to assist RCs in ensuring all potential risks are discussed during the risk assessment meeting.

5.1.1 Personnel

The RC/RGO will be responsible for performance and completion of the risk assessment. The RC will seek advice and contributions from other applicable individuals including, but not limited to, monitors, pharmacists, pharmacovigilance officers, counterpart sponsor representatives (University of Glasgow), Trial staff members, Project Managers, Chief Investigators, Data Management Representatives and Statisticians. There may be other, non-typical, departments (e.g. social work) implicated in the trial and the RC should consider seeking a contribution from a representative of such a department. The RC/RGO will communicate with such individuals individually and collectively (e.g. at a risk assessment meeting convened by the RC/RCO).

5.1.2 Performance of Clinical Trial Risk Assessment – Form 51.004A and Form 51.004D

5.1.2.1 Type A/B/C

The RC will select a risk category (type A/B/C) in relation to the Investigational Medicinal Product (IMP), in accordance with the risk adapted approaches paper (2011). Justification for the category selection and a summary of possible risk adaption will be documented. Guidance, in relation to the selection of a category, can be found in pages 3 and 4 of the paper (1. Risks to participant safety in relation to the IMP). An outline of possible risk adaption can been found in pages 6-18 (appendix 1) of the paper.

For clinical investigations of non-CA marked medical devices, the IMP risk category is not required. Instead an overall red/amber/green RAG rating will be given corresponding with unlikely/ possible/ likely risks.

5.1.2.2 Risk Assessment Sections

There are 3 principal sections of the risk assessment: Risk to Participants, Risk to Scientific Integrity and Risk to Sponsor oversight /Management. Each principle section has multiple

sub-sections e.g. for Participants, the sub-sections are: Informed Consent Process, Intervention, Confidentiality and Burden. There is a forth principal section 'other' to capture risks that do not fit within the 3 aforementioned sections.

5.1.2.3 Hazards and Risks
The RC and the stakeholders (including the Chief Investigator) attending the meeting, will identify potential hazards and describe risks in relation to each sub-section. To aid the meeting the Form 51.004A can be partially populated, by the RC, prior to the meeting. Guidance is provided in the risk assessment tool (factors to consider) to prompt identification of hazards. For example, a potential hazard may be that participants will be limited to a period of 30 minutes to consider their participation in the study. The associated risk may be that the participant does not have ample time to consider participation and therefore, the consent process is not GCP compliant. If any risks for a particular sub-section cannot be identified, this should be stated and a brief justification given.

If a hazard is identified that does not fit into any of the sections/subsections quoted, it should be described in the section marked 'other'.

5.1.2.4 Likelihood
The RC and Chief Investigator, together with the stakeholders attending the meeting, will assess the likelihood of the risk manifesting and assign one of three possible descriptions: unlikely/possible/likely.

5.1.2.5 Mitigation
The RC, together with the stakeholders (including the Chief Investigator) attending the meeting, will propose a mitigation strategy, with respect to each risk described. If it believed that suitable mitigation is not possible, this should be documented, along with justification. The aim of the mitigation strategy should be to eliminate the hazard (e.g. extend or remove the time limit upon participant consideration, following from the example given in section 5.3.3.) or reduce the risk to an acceptable level (e.g. review consent documents to ensure the consent process is clearly explained, seek input from patient representatives and/or the REC scientific officer).

Mitigation strategies may involve actions for monitors, project managers, the data management centre, the Chief Investigator and/or other individuals. The issues and potential solutions should be discussed with the appropriate individuals. Mitigation strategies may need to be incorporated into monitoring plans, audit schedules and/or other documents controlled by other individuals.

5.1.2.6 Stakeholder Communication
When the risk assessment has been provisionally completed, the RC will inform the stakeholders (including the Chief Investigator) of the hazards/risks identified and the proposed mitigation strategies. Following agreement of the stakeholders the RA will be signed.

5.1.2.7 Authorisation
When the RC considers the risk assessment document to be complete, contributors to the risk assessment will be recorded on the risk assessment tool. The RC will sign, as the representative of the sponsors unless otherwise stated, to confirm that the risk assessment has been completed and mitigation strategies initiated. The CI will sign to signify that they acknowledge the risk assessment and agree to implement the mitigation strategies.

Mitigation strategies must be initiated prior to authorization of the risk assessment. For example initiation may consist of amended consent documents and/or receipt of feedback from the patient representatives and/or the REC scientific officer, following from the example referenced in section 5.3.3 and 5.3.5. Another example may be that the mitigation strategy stipulates that a facility (e.g. laboratory) pre-qualification audit is required.

Adequate initiation may be that the audit has been scheduled; assuming that evidence of a satisfactory outcome, from the audit, would be required to complete the sponsor checklist. The RC will update sREDA accordingly.

5.2 Performance of Research Study Risk Assessment - Form 51.004B

5.2.1 Scoring

The RC/RGO will assign a score of between 0-3 to each section (A Study Type, B Protocol, C Medicine/Device Used and D Trial Support) of the risk assessment in accordance with the decision trees provided. A score of 0-4 categorises the study as low risk and a score of 5-8 categorises the study as medium risk. Both low risk and medium risk studies will not be subject to further risk mitigation strategies unless cause arises. A score of 3 on at least two of the categories will also be escalated to governance. A score of 9-12 categorises the study as high risk. The RC/RGO will inform the Governance Manager of high risk studies and the Governance Manager will describe mitigation strategies on page 1 of the risk assessment document. These may include monitoring, audit and creation of the Trial Master File. The RC will also ensure that safety reporting has been described in the study protocol.

5.2.2 Authorisation

When the risk assessment is complete, it will be authorized by the RC/RGO and if high risk, also authorised by the Governance Manager. The completed document will be provided, by the RC/RGO, to the Governance Manager and any other implicated sponsor staff members e.g. monitor and auditor. The document may be more widely circulated at the discretion of the Governance Manager. The RC/RGO will update sREDA accordingly.

5.3 Performance of a Hosted Non-Commercial CTIMP Risk Assessment - Form 51.004C

5.3.1 Scoring

The Research Facilitator (RF) will assign a score of between 0-3 to each section (PV, monitoring, dedicated PM/TMF and phase) of the risk assessment in accordance with criteria in appendix A of the hosted CTIMPs risk assessment tool. A score of 0-5 categorises the study as low risk and a score of 6-8 categorises the study as medium risk. Both low risk and medium risk studies will not be subject to further risk mitigation strategies unless otherwise advised by the Research Governance Manager. A score of 9-12 categorises the study as high risk. The RF will inform the Governance Manager of high risk studies and the Governance Manager will ensure that mitigation actions are taken by the governance team as necessary, e.g. High risk trials are subject to audit, concerns about the PV plan are discussed with the sponsor by the PV Officer and concerns about the monitoring plan are discussed with the sponsor by the Senior monitor.

5.3.2 Authorisation

When the risk assessment is complete, it will be authorized by the RF and if high risk, also authorised by the Governance Manager. The document may be more widely circulated at the discretion of the Governance Manager. The RF will update sREDA accordingly.

5.4 Amendment

The RC/RGO/RF/Chief Investigator will consider if any significant changes to the trial design or arrangements, post risk assessment completion, warrant an amendment to the risk assessment. Significant changes may include, but are not limited to, substantial amendments and serious breach corrective/preventive actions. Stakeholders may identify if amendments to the risk assessment are required. In this scenario, Stakeholders will discuss the issue with the RC/RGO and this will be documented in the sponsor checklist (51.018A) as necessary and any additional risk assessments will be filed with the original.

5.4.1 Clinical Trial Risk Assessments

The amendment to the risk assessment will be captured in the 'Amendment to Risk Assessment' section of the previously completed risk assessment document. When the

amendment is complete, it will be initialed and dated by the RC and CI. The procedures described in section 5.1 will be adhered to, as relevant, when amending a risk assessment.

5.4.2 Research Study Risk Assessments
The risk assessment will be performed again, by the RC/RGO, according to section 5.2 of this SOP. The RC will apply version control to the new risk assessment to demark it from the superseded version and it will replace the superseded version. The RC will circulate the updated version in accordance with section 5.2 of this SOP.

5.4.3 Hosted Non-Commercial CTIMPs Risk Assessments
The risk assessment will be performed again, by the RF, according to section 5.2 of this SOP. The RC will apply version control to the new risk assessment to demark it from the superseded version and it will replace the superseded version. The RC will circulate the updated version in accordance with section 5.2 of this SOP.

6 Referenced documents

51.004A – Clinical Trial Risk Assessment
51.004B – Research Study Risk Assessment
51.004C – Hosted Non-Commercial CTIMP Risk Assessment
51.004D – Clinical Trial Risk Assessment Guidance Document

The MRC/DH/MHRA joint project risk-adapted Approaches to the Management of Clinical Trials of Investigational Medicinal Products (2011).

ECRIN risk assessment scale for risk adapted approaches to monitoring

ICH Q9 Guidelines for Quality Risk Management.

7 Related documents

Sponsor Checklist

8 Document History

Version	Date	Description
1.0	12/03/2013	Release of 1st version
2.0	17/12/2015	Updated to template version 1.4. New risk assessment form template and process
3.0	05/05/2016	renumbered
4.0	24/05/2018	Hosted CTIMP risk assessment and clinical trial guidance document added.
5.0	18/01/2022	Updated from R&D to R&I and to include RA of non-CA marked medical devices, change of author