

Document Title: Email Correspondence: Study Related

Document Number: PTUC SOP064

Staff involved in development: <i>Job titles only</i>	Senior R&D Manager, R&D Administration Manager, Clinical Project Managers
Document author/owner:	R&D Administration Manager
Directorate:	Research and Development
Department:	Research and Development
For use by:	NHS Staff Trust-Wide
Review due:	April 2020
<p><u>THIS IS A CONTROLLED DOCUMENT</u></p> <p>Whilst this document may be printed, the electronic version maintained on the Trust's Intranet is the controlled copy. Any printed copies of this document are not controlled. ©Papworth Hospital NHS Foundation Trust. Not to be reproduced without written permission.</p>	

Summary of Significant Change(s) (for this version only)

Section(s):	Modification:
All	Administrative changes throughout

Key Points of this Document

- This document sets out the procedures to be followed by all Papworth Staff who are involved in research studies at Papworth Hospital NHS Foundation Trust
- It provides guidance on the steps involved in managing study related email correspondence to ensure compliance with the Trust's policies.

1 Purpose and Contents

- a. This document defines the Trust's procedures for ensuring that all required study related email correspondence is correctly stored.

2 Roles & Responsibilities

- a. This Policy applies to all personnel that are conducting research at the Trust.
- b. Staff involved in managing study related email correspondence must comply with the requirements set out in section 4.
- c. It is the responsibility of all personnel to ensure that they are familiar with and adhere to all current SOPs, and have signed the relevant log in their training record.

3 Policy

- a. This SOP is mandatory and, as per the Trust's Information Governance and Records Management framework, non-compliance may result in disciplinary procedures.

4 Procedure

- a. Pertinent email correspondence that is necessary for the reconstruction of key activities and decisions in relation to a research study, or that contains other significant information must be retained. For example, safety protocol violations, incidences, protocol changes, minutes of meetings.
- b. Emails must be titled in line with the naming convention detailed in the TMF SOP009.
- c. Email correspondence must be filed into topic area within the Sponsor and/or Site File as appropriate. For example, any email correspondence with the REC would be filed in the REC section of the Sponsor File
- d. Emails should be saved from Outlook and filed in electronic format. For studies with a paper Sponsor/Site File, emails should be printed and filed. Emails should also be filed in electronic format in the electronic study folder on the R&D shared drive as per 4.c.
- e. Email correspondence must be filed in a timely manner and filed in chronological order avoiding duplicate emails and repetitive email chains.
- f. Emails must also be stored in a specified folder in Outlook.

- g. In the event of study staff leaving the study they must ensure that any emails stored in their personal folders are moved across to the Sponsor/Site File and/or the electronic study folder on the R&D shared drive.

5 Risk Management / Liability / Monitoring & Audit

- a. The R&D SOP Committee will ensure that this SOP and any future changes to this document are adequately disseminated.
- b. The R&D Department will monitor adherence to this SOP via the routine audit and monitoring of individual clinical trials and the Trust's auditors will monitor this SOP as part of their audit of Research Governance. From time to time, the SOP may also be inspected by external regulatory agencies (e.g. Care Quality Commission, Medicines and Healthcare Regulatory Agency).
- c. In exceptional circumstances it might be necessary to deviate from this SOP for which written approval of the Senior R&D Manager should be gained before any action is taken. SOP deviations should be recorded including details of alternative procedures followed and filed in the Investigator and Sponsor Master File.
- d. The Research and Development Directorate is responsible for the ratification of this procedure.

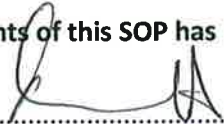
Further Document Information

Approved by: <i>Management/Clinical Directorate Group</i>	Research and Development Directorate						
Approval date: <i>(this version)</i>	[Current active version approved date]						
Ratified by Board of Directors/ Committee of the Board of Directors:	STET						
Date:	N/A						
This document supports: <i>Standards and legislation</i>	Medicines for Human Use (Clinical Trials) Regulations 2004 and all associated amendments. Research Governance Framework for Health and Social Care (2005)						
Key related documents:	Trust Research Policy [Insert list of linked or relevant documents to this SOP]						
Equality Impact Assessment: Does this document impact on any of the following groups? If YES, state positive or negative, complete Equality Impact Assessment Form available in Disability Equality Scheme document DN192 and attach.							
Groups	Disability	Race	Gender	Age	Sexual orientation	Religious & belief	Other
Yes/No	No	No	No	No	No	No	No
Positive/Negative							
Review date:	April 2020						

Version Control

Version	Date effective	Valid to	Approved by	Date of approval
1.0				
2.0				
3.0				
4.0				

I certify the contents of this SOP has been reviewed and ratified


.....
Signed by Dr Ian Smith, Clinical Director of R&D

11th May 2017
.....
Date

SOP release date: *15th May 2017*