Gloucestershire Hospitals
NHS Foundation Trust

SOP 22: Non-compliance and Serious Breaches

SOP reference:	SOP 22	
Version:	3.0	
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Implementation date of current version:		24/11/2025
Date of Review:		24/11/2028

IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the Research, Innovation & Genomics Webpage for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded version are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive version of all Gloucestershire Hospitals NHS Foundation Trust SOPs appear online. If you are reading this in printed form, check that the version number and date below is the most recent one as shown on the RIG website:

https://www.gloshospitals.nhs.uk/about-us/get-involved/support-our-trust/research-our-hospitals/

The Gloucestershire Hospitals NHS Foundation Trust wishes to acknowledge York Hospitals NHS Foundation Trust and University Hospitals Bristol NHS Foundation Trust who gave permission to use their templates in the development of these SOPs.

Version History Log

This area will be updated with details of all changes made to the SOP whether due for full review or not.

Version	Details of Change	Date Implemented
1.0	Original SOP	30/01/2015
2.0	Rebranding to GHNHSFT, updating of contact details and reference documents addition of flowchart	31/03/2018
2.1	Update of Head of R&D department Updating of website links	Not implemented
3.0	Removal of SOP categories and change of reference codes, rebranding of R&D as RIG. Updating of job roles and website links Updated SOP appendices	24/11/2025

This SOP will be reviewed every three years unless changes to any relevant legislation require otherwise

Related Documents:

SOPs
SOP 13 - Monitoring & Oversight of Hosted Studies
SOP 23 - Urgent Safety Measures
SOP 38 - Monitoring and oversight of sponsored research studies (Non-CTIMPs)

Glossary

CAPA	Corrective and Preventative Action
CI	Chief Investigator
CTIMP	Clinical Trial of an Investigational Medicinal Product
GCP	Good Clinical Practice
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
HRA	Health Research Authority
IMP	Investigational Medicinal Product
ISF	Investigator Site File
MHRA	Medicines and Healthcare products Regulatory Agency
PI	Principal Investigator
PS	Professional Services
QA	Quality Assurance
REC	Research Ethics Committee
RIG	Research, Innovation and Genomics
TMF	Trial Master File
USM	Urgent Safety Measure

Contents

1. Introduction, Background and Purpose

All research must be conducted in accordance with the approved protocol, Good Clinical Practice (GCP), and applicable regulatory requirements. Any incidence of non-compliance, or breach, must be recorded, reviewed, and managed appropriately by the team delivering the study and the Sponsor.

The Clinical Trial Regulations describe a "serious breach" as any breach of conditions and principles of GCP or the relevant study protocol, which is likely to effect to a significant degree either:

- the safety or physical or mental integrity of the participants of the trial
- the scientific value of the trial

For all clinical trials of investigational products (CTIMPs), and some medical device studies, serious breaches must be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) and the relevant Research Ethics Committee (REC). For non-CTIMPS, serious breaches must be reported to the REC.

Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) does not currently sponsor CTIMPS, therefore, sponsored CTIMPs are not within the scope of this SOP. This SOP describes the process to be followed for breaches within GHNHSFT sponsored Non-CTIMPs or medical device studies and within any study sponsored externally and hosted by GHNHSFT.

2. Who should use this SOP?

This SOP should be used by all staff involved in research delivery within GHNHSFT (hosted and Trust sponsored studies) and staff within the Research, Innovation and Genomics (RIG) Professional Services (PS) team. This SOP should also be used by those at external sites delivering GHNHSFT sponsored multi-site studies.

3. When this SOP should be used

This SOP should be referred to when an incident of non-compliance, or a breach, of ICH GCP or the approved study protocol, is identified in a research study taking place within GHNHSFT, or at an external site delivering a GHNHSFT sponsored study.

4. Procedure

4.1 GHNHSFT Sponsored Studies

A non-serious deviation or breach of protocol or GCP within a GHNHSFT sponsored study should be recorded appropriately by the research team using the Protocol/GCP Deviation Log (Appendix 1), stored in the Investigator Site File(ISF) and reviewed and managed by the Principal Investigator (PI) at site. GHNHSFT sponsored studies are monitored in accordance with SOP 38 - Monitoring and oversight of sponsored research studies (Non-CTIMPs), which will include review of any breaches and appropriate action. A CAPA plan (Appendix 2) can be put in place in response to any breach that occurs.

4.1.1 Notifying Sponsor of suspected serious breach

Should a potential serious breach be identified, either by the team delivering the study or during monitoring, this must be reported to the Sponsor using the Serious Breach Notification Form (Appendix 3) within 24 hours of identification of the potential serious breach. This must be emailed to the GHNHSFT RIG Professional Services team (ghn-tr.glos.riprofessionalservices@nhs.net). The reporting team should also record a serious breach on GHNHSFT Datix system.

A member of the RIG Project Support team will acknowledge receipt of the notification of breach by noon of the next working day. It is the responsibility of the reporting individual to contact the RIG team immediately if no acknowledgement is received within this timeframe.

4.1.2 GHNHSFT Sponsor Assessment of a Potential Serious Breach.

On receipt of a report of a potential serious breach, a member of the Project Support team will forward the report to the RIG PS Manager and Quality Assurance (QA) Manager, and, in their absence, the RIG Business Manager, as Sponsor representatives. The RIG Director will also be informed of a potential serious breach report by the PS Manager or QA Manager.

It is the responsibility of the Sponsor, with involvement of the Chief Investigator (CI), to assess the impact of the breach on the scientific value of the trial. The CI will also assess the impact of the breach on patient safety. This judgement depends on a variety of factors e.g. the design of the study, the type and extent of the data affected by the breach, the overall contribution of the data to key analysis parameters, the impact of excluding the data from the analysis etc.

Typically the assessment will include:

- Discussion with the relevant PI and research team to confirm assessment of the breach
- Assessment of whether any urgent safety measures need to be implemented, for example, temporary halt of a study. In this situation guidance in SOP 23: Urgent Safety Measures, should be followed.
- Gathering of any further documentation or evidence.

The final Sponsor decision on whether the breach meets the criteria of a serious breach will be made by the RIG senior governance team, together with the CI.

If a breach is assessed as non-serious the RIG team will agree with the CI, and PI at site if applicable, any corrective or preventive actions required. If an investigator disagrees with the sponsor assessment of the breach, they are able to report the serious breach themselves or contact the GCP Inspectorate to discuss further (ctdhelpline@mhra.gov.uk).

Any further documentation or correspondence from this assessment should be stored in the ISF and Trial Master File (TMF). The RIG team will complete section 2 of the Serious Breach Notification Form to document the outcome of the assessment.

4.1.3 Notification of a Serious Breach – MHRA

This is applicable to Medical Device research studies, that have required authorisation from the MHRA. If the Sponsor obtains clear evidence that a serious breach has occurred, then the Sponsor (or delegate) must notify the MHRA within 7 days of becoming aware of the breach. The report and acknowledgement from the MHRA should be filed in the TMF.

The report should be completed on the MHRA Notification form (notification of serious breaches of GCP or the trial protocol form) and sent:

- Via email to the MHRA: GCP.SeriousBreaches@mhra.gov.uk.

This may be an initial report, and the Sponsor can continue to investigate the breach, and take additional appropriate corrective action, simultaneously to and following the notification to the MHRA.

If Urgent Safety Measures have been taken these should be notified in writing to the MHRA and REC within 3 days of the action taken, as per SOP 23.

4.1.4 Notification of a Serious Breach – REC

Applicable to all research studies. If the Sponsor obtains clear evidence that a serious breach has occurred within a non-CTIMP, then the Sponsor (or delegate) must notify the REC within 7 days of becoming aware of the breach.

The Sponsor's Notification of Serious Breach Form (Appendix 3) can be used to report the breach to the relevant REC. This should be sent by email. If a report has also been made to MHRA, this same report can be forwarded to the REC. The report and acknowledgement from the REC should be filed in the TMF

4.1.5 Following Initial Reporting of a Serious Breach

Following notification to the MHRA and/or REC, the GHNHSFT RIG team (and CI if a multi-site study) will work with the relevant PI and team to create a CAPA plan, and ensure relevant actions are implemented. Further information can be provided to the MHRA and REC in follow-up reports.

Further activity that may be required includes, but is not limited to:

- Additional training for the relevant team
- Review of the monitoring plan, and possible increase in monitoring frequency
- Suspension of site to further recruitment

All documentation of activity taken, and relevant correspondence must be filed in the ISF and TMF.

4.2 GHNHSFT Hosted Studies

Any breach or incident of non-compliance within a hosted study must be recorded and reported to the relevant Sponsor in accordance with the study protocol.

The PI, or delegee, at the Trust will be responsible for ensuring that Trust RIG PS Team are notified via email (ghn-tr.glos.riprofessionalservices@nhs.net) of any breach that is assessed by a Sponsor to meet the criteria of a serious breach. The PI or member of the research team should also record the serious breach on GHNHSFT Datix system. The PS team, including the PS Manager and QA Manager, must be kept informed of all reporting completed by the Sponsor, and of any activity by Sponsor or regulatory authority at site e.g. study suspension at site, Sponsor monitoring, CAPA plans put in place.

The RIG PS team will support the PI and research team through any sponsor/ regulatory authority activity or investigation. The PS team may perform monitoring, as per SOP 13 - Monitoring & Oversight of Hosted Studies, in addition to any Sponsor or regulatory authority activity.

5. RIG oversight

Any serious breach within a GHNHSFT sponsored or hosted study will be reported to the RIG Governance Oversight Group (GOG) at the next meeting via an exception report. GOG will be kept informed of any outcomes or regulatory authority activity in relation to the breach. Outcomes from GOG will be reported to the Heads of Service meeting, either for information or escalation as required.

6. References

Medicines for Human Use (Clinical Trials) Regulations
The Medicines for Human Use (Clinical Trials) Regulations 2004

MHRA guidance on the collection, verification, and reporting of safety events in CTIMPs (Jun-2025):
Clinical trials for medicines: collection, verification, & reporting of safety events - GOV.UK

NIHR: Clinical Trials Toolkit:
GCP & Serious Breach Reporting | Clinical Trials Toolkit

REC Standard Operating Procedures:
RES_Standard_Operating_Procedures_Version_7.7_Final_APRIL_2025_2_Xg2G26W.pdf

UK Policy Framework for Health and Social Care Research - Health Research Authority

Appendix 1: Protocol/GCP Deviation Log

GHNHSFT Sponsored study – Minor Protocol/GCP Deviation Log*

Study Title:		IRAS Number	
Site name:		PI	

Date breach identified	Brief description of breach (including Pt Study ID if applicable)	Date PI informed	Action taken (or refer to CAPA plan if applicable)	Staff member recording breach

* This log will capture deviations that do not meet the criteria of a 'Serious Breach'. To notify Sponsor of potential serious breach, complete a Serious Breach Notification Form and forward to ghn-tr.glos.riprofessionalservices@nhs.net

Appendix 2: CAPA Plan Template

Study Title:			
IRAS No:			
Site name:		**PI:**	

Date breached occurred:		**Date PI/ site research team made aware of the breach:**	
Potential Serious Breach? Y/N		**If Yes, date sponsor informed:**	
Participant study ID (if applicable):			

Summary: How the issue/breach was identified and short summary (3-4 lines).

Description and reason(s) for the breach:

Corrective Actions: *(add more rows as applicable)*		Party/ies Responsible	Completion date
1.			
2.			
3.			

Preventative Actions: *(add more rows as applicable)*		Party/ies Responsible	Completion date
1.			
2.			
3.			
4.			

The following section is to be completed by a member of study team or sponsor monitor (as applicable) to confirm that the above is an accurate description of the breach, and the corrective and preventative actions can be implemented by the site:

Name:		Position:	
Signed:		Date:	

Reviewed and agreed by:

By signing below the Principal Investigator is confirming that the above corrective and preventative actions for the site will be implemented by the specified dates, or otherwise the sponsor will be notified of any delays.

PI Signature:	
Date:	

Appendix 3: Serious Breach Notification Form

Study Title:			
IRAS No:			
Site name:		**PI:**	

SECTION 1:

Date breached occurred:		**Date PI/ site research team made aware of the breach:**	
Details of person reporting the breach:			
Name:		**Position:**	

REPORT: (tick as appropriate)	**Initial report**	☐	**Follow-up report**	☐

Summary:
How the issue/breach was identified and short summary (3-4 lines).

Potential impact to (select all that apply):

Patient safety or physical or mental integrity ☐ Data integrity (scientific value of the trial) ☐ Ethical or legal integrity ☐

Description and reason(s) for the breach:

Description of any actions taken: Or attach a CAPA plan if this has been started.

ACTUAL impact to (select all that apply):			
Patient safety or physical or mental integrity	☐	Data integrity (scientific value of the trial)	☐
Ethical or legal integrity	☐	No significant impact	☐

SECTION 2 (Sponsor use only):

Date report received:				
Report reviewed by:	**Name:**		**Position:**	
Further immediate action taken:				
Is the breach serious? (tick as appropriate)	**Yes**	☐	**No**	☐
	Confirmed by	**Name:**		
		Position:		
For Serious Breach Only:				
Date MRHA informed: (if applicable)				
Date REC informed:				