Protocol for Healthwatch Worcestershire Health and Social Care Research

DOCUMENT DETAILS:

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Version Control

Version	Reason for Amendments	Amendments Made By	Date
1	Approved		2/12/2016
1.1	Appendix added on Protocol for Qualitative research	MR	1/12/2017
1.2	Additional point added to Appendix 2 - Protocol for Qualitative research on use of identifiers	MR	22/02/2018
2.0	Version 2 approved	MR	
2.1	Addition of requirement to give consideration to whether a Data Protection Impact Assessment is required.	MR	04/10/2018
2.2	**FORM REVIEW** Addition of requirement to ask for equalities data from commissioners and providers at the start of a project Addition of requirement to consider how the project relates to: Children and Young People; Equalities characteristics (gender, age, disability, ethnicity) and Carers New section Collaborative working New advice on quality control New Appendices One, Three & Four	MR	15/07/2019

Protocol for Healthwatch Worcestershire Health and Social Care Research

How are we using the term "research" in this protocol?

- The term "research" is used in this protocol to describe the methods that HWW uses to find out about patient or service user experience of publicly funded health or social care services
- In NHS terminology this "research" would not be defined as research. It would be either "Service Evaluation" i.e. to define or judge current care - "what standard does this service achieve" or "Clinical Audit" to produce information to inform delivery of best care – "does this service reach a predetermined standard". HWW work does not therefore require review by the NHS Research & Ethics Committee.

Where this protocol applies

- Research may be carried out by HWW in support of its business priorities as set out in the HWW business plan or as agreed by the Directors.
- Business priorities will each be led by a named Director and staff member and supported by a **project plan,** which will set out the process and methodology to be used.
- Where a research element is identified in the project plan this protocol will apply and be reflected in project plans

Overarching principles

- The rights, safety and well-being of the research participant prevail over the interests of the HWW project
- Research should have clear and comprehensive rationale/aims and parameters which should be included in the project plan
- Research methods should be proportionate to the issue under consideration
- Methodology should be high quality and have clear start and end dates, which give an appropriate time-frame for completion.
- Research must be guided by ethical principles in all aspects. e.g. consent from responsible adult for children under 16; informed consent of vulnerable adults and obtaining any permissions needed from providers

Collaborative working

- When working in collaboration with others, agree on the nature of the partnership and clearly define roles and authorship and intellectual property rights. Organisational differences and procedures should be accounted for and any associated risks mitigated
- Any conflicts of interest need to be clearly stated and accounted for.
- The independence of Healthwatch must be maintained in any collaborative work

Methodology

- Methodology should include detailed consideration of target audience and most efficient method of access.

- Consideration should be given to involving people who have direct experience of the topic that is being investigated (e.g. Task & Finish Group made up of service users, carers or representatives of service users) to make sure the project will meet their needs
- In all our project plans we will give consideration to how the project relates to:
    - Children and Young People
    - Equalities characteristics (gender, age, sexuality, disability and ethnicity)
    - Carers
- All research methodology must include acquiring informed consent from participants - see Appendix 1 below
- Consideration should be given as to whether a Data Protection Impact Assessment is required. This should be done in collaboration with the Data Controller and Information Security Officer.
- The "Basic" DPIA form and full DPIA template can be found in: Company / Our Work / Engagement Team / Project Plan and Research Protocol. For an example of a completed basic DPIA form see **Appendix One** below
- Prior to starting a research project, the relevant commissioner or provider should be asked for data relating to service use broken down by equalities dimensions of: gender, age, disability, and ethnicity. You may also want to request data re sexuality and geography (District) as appropriate.
- Any risks to the physical, emotional and mental wellbeing of participants, staff and volunteers should be considered. Also, any potential reputational risk. Identified risks need to be mitigated. Risks need to be offset against benefit and should not be disproportionate.
- Consideration to be given to the number of questions required to ensure that the research aims are delivered and that the research is focussed and will provide relevant information to meet the aims of the work as set out in the project plan.
- In questionnaires include an opening paragraph clearly explaining the purpose of the research and the use of the data generated. This information will help participants decide whether they wish to take part in research or not. Include the standard wording below to obtain informed consent.
- An information sheet should normally be made available to all potential research participants. Written consent will be required from participants with clear participant information given. Confidentially must be maintained at all times. Participants should be reassured that their contribution will be anonymised unless their explicit consent to do otherwise is obtained -**see Appendix Two below**
- For qualitative research see further protocol **see Appendix Three below**
- Remember that for Surveys we have to collect Equal Opportunities monitoring data as part of our WCC contract monitoring. Include categories on: Gender, Age, Ethnicity, Disability and District. You may also want to include sexuality if this is appropriate, but it is not required for contract monitoring.
- Research tools to be piloted where appropriate, ideally with some members of the target audience, and the feedback used to refine final research tool.
- Final draft to be shared with lead Director.
- Consideration to be given to the sample size, with the aim of obtaining either an accurate cross section of the population of Worcestershire or of specific groups of service users of health and social services depending on the focus of the research
- When gathering evidence through focus groups, ensure there are clear ground rules and that there is accurate recording of the information gathered.

Analysis

- When analysing generated data, responses to be coded and themes / trends drawn out.
- When analysing statistical data collected using quantitative methods, present using a range of pie/bar charts to include percentages where appropriate. When commenting on statistical evidence, the comment should reflect limitations of sample size where this is relevant.
- Include patient experience comments in the analysis where relevant. These must be anonymised.
- Key themes/findings to be drawn out through the report summary which then form recommendations/points for consideration.

Presentation

- Reports to follow any HWW templates / formats developed and branding guidelines.
- Standardised opening text regarding aims and objectives of Healthwatch Worcestershire (see below)
- HWW research report should where appropriate, as part of the context, make reference to current information (e.g. policy information / changes, data, reports etc.) both locally and nationally
- Full HWW research reports to include
  - Table of contents and page numbering
  - About HWW - opening statement – see below
  - Why we did this research - context to include references to sources / published reports if required
  - How we carried out this research - short methodology (detail can be in the Appendix including how data was collected, analysed and managed)
  - Report of findings (including graphs etc. where appropriate)
  - Themes / issues identified
  - Recommendations / Points for Consideration
  - Appendices to include survey document
- Draft reports should be agreed with Engagement Officer/Lead Director
- Consider sharing Draft reports with another EO or the MD for quality assurance purposes prior to distribution to Board of Directors, Co-opted board members and specified groups of health and social carer users for comment/contribution
- Where relevant Draft Reports should then be sent to the provider / commissioner for factual accuracy check. For a standard letter to adapt as appropriate see **Appendix Four below**
- The MD should ensure that Report approval by the Board follows HWW governance protocols
- Reports which contain recommendations should be sent to the bodies to whom the recommendations are directed. For a standard letter to adapt as appropriate see **Appendix Five below**
- In addition all Reports MUST also go to:
  - HWE – research@healthwatch.co.uk
  - HOSC – the Chair and copied to Overview and Scrutiny Officers (currently Jo Weston and Emma James)
- Reports may also be sent to CQC
- Research reports to be made public in a way that ensures integrity, quality and transparency
- Final distribution and communication of approved Report to be as set out in Project Plan
- Follow up recommendations made in Reports as set out in the Project Plan
- Compliance will be monitored through Project Plan audit
- For a checklist summarising the process, which is part of the Project Plan, please see **Appendix Six below**

APPENDIX ONE – EXAMPLE COMPLETED BASIC DPIA FORM

Healthwatch Worcestershire Data Privacy Impact Assessment

A completed data privacy impact assessment demonstrates why the processing of personal data in a specific context is compliant with data protection laws, and with the Healthwatch Worcestershire policies and privacy statement.

If you require assistance in the completion of a data privacy impact assessment, please contact the DPO@healthwatchworcestershire.co.uk

Please complete Sections A-G of this form.

Section A: Describe the nature of the data processing

Answer all questions in this section.

Project	Fracture Clinic

Q1: Brief description of data processing	Face to Face Survey of patients at the Fracture Clinics run by Worcestershire Acute Hospitals Trust (WAHT), focusing on Worcester Royal Hospital but with some visits to the Kidderminster and Alexandra Hospitals
Q2: Why do you need to undertake this processing?	To understand patient experience of the Fracture Clinic as requested by WAHT
Q3: Types of personal data	Not expecting to collect any identifiable personal data unless volunteered by the patient
	Special category personal data? ☐ Yes ☒ No If the answer is Yes - ***contact your DPO to discuss***
Q4: Whose personal data is it?	Patient of fracture clinic, if volunteered

Q5: How <u>many</u> records would you process (approx.)?	☐ fewer than 100 ☒ 100-1,000 ☐ 1,000-10,000 ☐ more than 10,000
Q6:Period of Time to collect personal data	4th – 22nd March 2019
Q7: What IT (software packages) are used in processing the personal data?	Anonymous data to be entered into Survey Monkey. Excel spreadsheets and PDF files to be exported from Survey Monkey. Word used to write Report.
Q8: Do you share the personal data outside of HWW?	Yes, The data is aggregated and a Report of findings prepared. The Report may include graphs / tables of aggregated responses and unattributed, anonymous quotes

go to Section B

Section B: Establishing the lawfulness of the data processing

Q1. Legal basis	☐ Performance of a **Contract** ***(go to Q2)*** ☒ **Public Task** of Healthwatch Worcestershire ***(go to Q3)*** ☐ **Public Task** of a third party ***(go to Q3)*** ☐ **Legal Obligation** of Healthwatch Worcestershire ☐ **Consent** of the data subject* ***(go to Q5)*** ☐ Other reason(s) Click or tap here to enter text. ***(go to Section C)*** ☐ Don't know/not sure – ***contact your DPO to discuss***
Q2. What do you consider the contract to be?	☐ Staff - offer letter / contract of employment / Staff Handbook etc ☐ County Council Contract Click or tap here to enter text. ☐ Other reason(s) Click or tap here to enter text. ***go to Section C***

Q3. Briefly describe the "Public Task"	Finding out the views of users of health services and feeding this back to the providers and commissioners of services. Making recommendations about how services could and / or should be improved ***go to Q4***
Q4. Is there any negative impact on the privacy of the data subjects? (describe in terms of both likelihood and severity)	No, all data anonymised ***go to Section C***
Q5. How do you capture and record consent*?	Click or tap here to enter text. ***go to Section C***

* Where possible, avoid relying on **consent**, as this can be withdrawn, and processing must cease as a result.

Section C: Transparency and awareness

Answer all questions in this section.

Q1. Which **Privacy Statement** is relevant for the data subject and the processing?	HWW Privacy Notice.

Q2. Is this processing activity included under any of the headings in that statement?	☒ Yes – directly ☐ Yes – indirectly Click or tap here to enter text. ☐ No – ***contact your DPO to discuss***
Q3. Is it likely that the data subject would be surprised if they knew you were processing their data in this way?	☐ Yes – ***contact your DPO to discuss*** ☒ No ☐ Don't know/not sure – ***contact your DPO to discuss*** ***go to Section D***

Section D: Re-use of existing personal data

Q1. Are you using the data for the purposes for which it was collected?	☐ Yes ***(go to Q3)*** ☐ No ***(go to Q2)*** ☐ Don't know/not sure – ***contact your DPO to discuss***
Q2. List the original purposes of the personal data.	Click or tap here to enter text. ***contact your DPO to discuss*** ***go to Q3***
Q3. Are you confident that the personal data you are using is up-to-date (and otherwise accurate)?	☐ Yes, because Click or tap here to enter text. ☐ No – contact your manager to discuss further ☐ Don't know/not sure – **contact your manager to discuss further**

Section E: Accuracy of the personal data

Briefly describe the consequences if the data you are using turns out to be inaccurate? Will it cause (social, financial, reputational) harm to the data subject? (describe in terms of likelihood and severity of impact).

All data is anonymised *go to Section F*

Section F: Necessity of the data processing

Answer all questions in this section.

Q1. Do you need to use personal data to complete the processing?	☐ Yes ☒ No ☐ Don't know/not sure – contact your manager to discuss
Q2. Have you considered whether you could use anonymised data instead?	☒ Yes - Data will be anonymised ☐ No *go to Section G*

Section G: Data retention and security

Answer all questions in this section, unless otherwise directed.

Q1. What are the outputs of your data processing?	Report of findings, which may contain aggregated anonymous data & anonymised quotes ***go to Q2***
Q2. Does this still represent personal data?	☐ Yes ***(go to Q3)*** ☒ No ***(go to Q6)***
Q3. Where are you storing and/or sending the outputs?	Click or tap here to enter text. ***go to Q4***
Q4. What (technological and physical) security exists to protect the personal data from being accessed by unauthorised people?	Click or tap here to enter text. ***go to Q5***
Q5. In the event of loss or accidental disclosure of the outputs, will it cause (social, financial, reputational) harm to the data subject(s)? (describe in terms of likelihood and severity of impact).	Click or tap here to enter text. ***go to Q6***
Q6. How long will you retain this information for? (either give a timescale or criteria on how you will decide how long to retain it for)	According to HWW Retention Policy, currently 6 months from the publication of the Report ***go to Q7***

Q7. How will you delete/destroy it after this time?	Shredding or through confidential waste *go to Section G*

You should now pass this form on to your Data Protection Officer for review (Section H).

Section H: for completion by the Data Protection Officer

- **Risk of harm to data subjects or Healthwatch Worcestershire**
  ☐ NONE ☐ LOW ☐ MEDIUM ☐ **HIGH**

  A **HIGH** risk is one where it is more likely than not that the processing will cause serious harm.

- **Immediate actions required**

  Examples might include revisions to one or more data protection statements (either to improve the transparency of the statement or to include new data processing not referred to previously) and/or revisions to data sharing/data processing agreements.

  Click or tap here to enter text.

  Any actions here MUST be reviewed and checked for implementation within one month of the date below.

- **Recommendations for business process enhancements**

  Examples might include: changes to business processes, review of document storage, training or awareness-raising.

  Click or tap here to enter text.

  Any recommendations here MUST be considered and responded to within six months of the date below.

- **Review of impact Assessment documentation**
  ☐ Not necessary ☐ Date of next review Click or tap to enter a date.

Signed: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Name: Click or tap here to enter text.

Section I: receipt or review by the Chief Operating Officer

Comments

Click or tap here to enter text.

Signed: Click or tap here to enter text. **Date:** Click or tap to enter a date.

Name: Click or tap here to enter text.

APPENDIX TWO - STANDARD WORDING AND INFORMED CONSENT

For HWW Reports - About Healthwatch Worcestershire

Healthwatch Worcestershire provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

Informed consent - Quantitative research methods

The purpose of this questionnaire is to *XX* …….

The information gained from this questionnaire will only be used for the reasons above. The information you provide is confidential, except that anonymised quotes may be used. Your name or any other personal identifying information will not appear in any publications resulting from this survey without your express consent.

I agree that I understand the purpose of this survey and consent to the use of the data as indicated above. *Insert tick box*

Informed consent - Qualitative research methods

See Appendix Three Below

APPENDIX THREE - QUALITATIVE INTERVIEW PROTOCOL

If you are planning to carry out interviews as part of an investigative project, you will need to **plan:**

- The type of interview that will gather the information required; unstructured interview, semi-structured interview or structured interview
- Whether a Data Protection Impact Assessment is required. This should be done in collaboration with the Data Controller and Information Security Officer (see example basic EIA at Appendix One)
- How the information obtained will be coded
- That the sample is appropriate to the research to ensure validity
- Prepare an interview guide with a range of questions; i.e. introductory questions, follow-up questions, probing questions and interpreting questions
- How and where the interviews will be carried out and the method used to record them. This can be carried out by audio/digital recording or note taking
- Give consideration to safety issues in relation to person being interviewed and the person who is carrying out the interview
- Be aware of safeguarding issues and refer to policies
- If lone working, follow Healthwatch Worcestershire lone working policy and ensure you notify HWW of where and when you are visiting and notify when interview is complete and you have left the venue

Informed consent must be obtained from the participant prior to the interview taking place to ensure that the interviewee is fully aware of the purpose of the research (see Standard templates below)

- Letter of introduction for participants clearly explaining purpose of the study; role of Healthwatch Worcestershire, why interview is being requested, details of what will happen to research findings, information about secure storage and who will have access to recorded material, information on voluntary consent and confidentiality; details of follow up information/contact and access to report when published to enable informed consent to be obtained. **(see template below)**
- Consent form to be given (using method appropriate to the study) to include agreement that the purpose of the study has been understood, the opportunity to ask questions and request further information has been given, agreement that excerpts from the interview can be anonymised and published, agreement to share experience, agreement that that the interview can be recorded by audio or written form, and agreement to being contacted by HWW to be interviewed.
- Details of participant's name, telephone number, address, age, date and signature to be given on consent form to ensure that participants are capable of giving consent for themselves (assessment of capacity). Signature and date of HWW staff member taking the consent to be given.
- Check that the participant is happy for you to contact them again to follow up if required.
- Ask if they would like a copy of the report.
- Following the interview take time to thank participant for their time and acknowledge the contribution they have made. Written form may be appropriate.
- Once you have completed the interview, take time to reflect and talk to a colleague. Having the opportunity to 'debrief' after the interview can be important.
- Listen to the recording/notes taken so that you are familiar with the material collected.
- Analyse your interview, picking out key points and quotes to illustrate your points and code the information to identify themes where appropriate.
- Use of coded identifiers may be required in the text to protect the identity of participants.
- Record of interview (written or audio) and signed consent form to be securely stored in accordance with HWW retention policy

Participant Information Sheet

Adapt/delete sections highlighted in yellow as appropriate.

Title Of Project :

Dear Participant

Healthwatch Worcestershire (HWW) is an independent organisation, we are not part of social services or the NHS. We provide an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to people who run or pay for services so that they can be improved.

We would like to ask you to talk to us about XXXX.

We hope to better understand the following issues:

-

We will use the information that we find out to write a Report and make suggestions / recommendation to improve XX services, from the point of view of people like you who use them

State how commissioner or provider has been involved / will use the information if this has been agreed in advance.

Talking to us is entirely voluntary. It will involve an interview / group discussion of approximately *XXX* minutes in length to take place by arrangement. We will initially contact you by *email, telephone, post*.

You may decide not to answer any of the interview questions if you wish. You may also decide to withdraw at any time, you do not have to say why. Please do however let us know using the contact details below.

The information you provide is confidential, except that with your permission anonymised quotes may be used. Your name or any other personal identifying information will not appear in any Report or publications resulting from this work without your express consent. Taking part will not affect the care that you currently receive or may receive in future. Neither will there be anything to identify your place of work or the particular NHS trust.

We will only use the information gained from this interview for the reasons above, it will not be used for any other purpose. We will store this information securely. A copy of our Privacy notice is available on our website www.healthwatchworcestershire.co.uk or a copy can be provided on request.

Even though the overall findings will be published only members of staff or Directors of Healthwatch Worcestershire will have access to the record of the interview itself. There are no known or anticipated risks to you from taking part.

We may follow up with you issues raised in the interview some time after it has taken place, but you will not be obliged in any way to clarify or participate further if you don't want to.

If you have any questions or would like any additional information please do feel free to speak to us before, during, or after the interview.

Yours Sincerely,

Name of Staff member / Director

Contact details

Consent form

TITLE OF PROJECT

I have read the information presented in the information sheet about XXXX
I have had the opportunity to ask questions, and received satisfactory answers to my questions, and any additional details I wanted.

I am also aware that excerpts from the interview may be included in publications to come from this work. Quotations will be kept anonymous.

I understand that my name will not be used unless I have given my specific permission for this to happen.

I give permission for the interview to be recorded using audio recording equipment.

I understand that relevant sections of the information collected may be looked at by individuals from HWW. I give permission for these individuals to have access to my responses.

I agree to being contacted again by HWW if necessary following this interview / focus group.

With full knowledge of all of the above I agree to participate in this study.

☐ Yes

☐ No

If YES, my preferred method of being contacted is:

☐ telephone (please write number here) ..

☐ email (please write email address here)..

☐ other (e.g. address, please state here)..

Participant Name:		Consent taken by	
Participant Signature:		Signature	
Date		Date	

You can withdraw your consent at any time by contacting Healthwatch Worcestershire at info@healthwatchworcestershire.co.uk or phone 01386 550264

A copy of our Privacy notice is available on our website www.healthwatchworcestershire.co.uk or a copy can be provided on request.

APPENDIX FOUR- STANDARD LETTER REQUESTING PROVIDER / COMMISSIONER CHECK FOR FACTUAL ACCURACY

Note this letter is also available as a template on letter headed paper in:

Company / Our Work / Engagement Team / Project Plan and Research Protocol

Name

Address or By email

Date

Dear XXXX,

Re: Healthwatch Worcestershire – XXXXXXX - DRAFT Survey Report

As you may be aware Healthwatch Worcestershire has been speaking with people about their experience of XXXXXXX.

We have been looking in particular at XXXXXXXXXX

Before we publish our Reports, we invite relevant commissioners / providers to comment on them for technical/factual accuracy. I am therefore sending the Draft Report to you.

Could you please pass this to the appropriate member of staff to check for accuracy, If you have any comments of a technical /accuracy nature, please let us know by **XXXXXXXX.**

We have also sent this Report to XXXXXXXX as some of our recommendations relate to them.

Please note that we are not asking for a response to the Recommendations in the Report at this stage.

This Draft Report has not yet been through Healthwatch Worcestershire governance process, it is therefore not for further circulation/publication at this time.

We will invite you to formally comment on the published Report and respond to the Recommendations contained within it in due course.

Yours Sincerely,

XXXXXXXX

Director
Healthwatch Worcestershire

APPENDIX FIVE – STANDARD LETTER REQUESTING RESPONSE TO RECOMMENDATIONS

Note this letter is also available as a template on letter headed paper in:

Company / Our Work / Engagement Team / Project Plan and Research Protocol

To xx

Address / By email

Date

Dear XXXX,

RE: Healthwatch XXXXX Report - Request for response to recommendations

Please find attached the final version of our XXXX Report. The Report (and Appendices) are / will be available on our website

As you know we have been gathering feedback from people about XXXXXX

Our report outlines the feedback and information we have gathered and sets out our recommendations. We would be happy to present the Report to XXXX or to discuss this further with you.

Please can you provide us with a response to each of the recommendations directed to your organisation. Can you please set out what you intend to do in response to each of the recommendations that we have made. If you do not intend to take any action in response to any of the recommendations can you please explain why this is the case. As set out in Regulations [1] we require this response within 20 working days, therefore by XXXXXX.

We will publish your response on our website and may share it with other interested bodies.

For your information we have also requested a response from XXXXX to the recommendations directed to them

Yours sincerely,

XXXXXXX

Director – Healthwatch Worcestershire

c.c. Include anyone you will copy this to

[1] Section 221 [3A] and Section 224 of The Local Government and Public Involvement in Health Act 2007 and implemented by "The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013)

APPENDIX SIX – CHECKLIST FROM PROJECT PLAN

Checklist	*Y/N or Not applicable/ Don't Know*
Developing the Questions	
✓ Overall does the project ask the right question – is it pertinent; will it increase knowledge about health and social care service delivery?	Yes/No/NA/DK
✓ Will a diverse range of people be engaged – have you considered C&YP, Equalities and Carers?	Yes/No/NA/DK
✓ Has consideration been given to how the findings will be used?	Yes/No/NA/DK
✓ Is the methodology appropriate for the question being asked?	Yes/No/NA/DK
✓ Has any potential bias been addressed?	Yes/No/NA/Dk
✓ Have any ethical considerations been assessed and addressed appropriately?	Yes/No/NA/DK
✓ Has risk been assessed where relevant and does it include: risk to well-being; reputational risk and legal risk	Yes/No/NA/DK
Data Management	
✓ Is the collection, analysis and management of data set out within the project plan?	Yes/No/NA/DK
✓ Has data retention and security been addressed appropriately?	Yes/No/NA/DK
✓ Have DPA/ GDPR and FOIA been considered and requirements met?	Yes/No/NA/DK
Thinking about Research Participants	
✓ Has the well-being of participants has been considered and accounted for?	Yes/No/NA/DK
✓ Will participants be clearly informed of how their information will be used and been assurances made regarding confidentiality/anonymity?	Yes/No/NA/DK
Collaborative Working	
✓ Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed?	Yes/No/NA/DK
✓ Have any potential issues or risks that could arise been mitigated?	Yes/No/NA/DK
✓ Has Healthwatch independence been maintained?	Yes/No/NA/DK
Quality Assurance	
✓ Has a quality assurance process been incorporated into the design?	Yes/No/NA/DK
Conflicts of Interest	
✓ Have any conflicts of interest been accounted for?	Yes/No/NA/DK
Intellectual Property and Publication	
✓ Will the project be communicated in a way that is accessible to the public?	Yes/No/NA/DK