**Commentary**

**Title of article**: Navigating data governance approvals to use routine health and social care data to evidence the hidden population with severe obesity: a clinical academic’s perspective

Central to my academic and clinical roles is the development of applied clinical research, empowering, and supporting Nurses, Midwives and Allied Health Professionals (NMAHPs) to undertake research activity and indeed become research leaders. The National Institute for Health and Care Research (NIHR) is committed to supporting the development of research capacity and capability for Nurses, Midwives and Allied Health Professionals. The recent Director of Nursing’s Strategic Plan for Research sets out an ambitious plan for nurses to lead, undertake and deliver research across the NHS through the implementation of three strategic phases 1) listening and initiating, 2) building capacity, and 3) sustaining (Chief Nursing Officer, 2021).

The Saving and Improving Lives: The Future of UK Clinical Research Delivery policy document (2021) outlined the UK government and devolved administrations’ strategy to ‘build back better’ following disruptions to clinical research as a result of the pandemic (Department of Health and Social Care, 2021). Both strategies acknowledge systemic difficulties in carrying out high quality applied research in health and social care settings. There is a duality of data protection and governance of patient information and the use of this data as part of research activity to produce high-quality evidence to improve patient care. Often, the former can be a significant deterrent when seeking ethical approvals to undertake studies, which can be frustrating to clinical researchers, whose motivation to improve patient care is often the motivator for undertaking research studies. For people living with severe and complex obesity, a stigmatising and often isolating condition (Puhl et al., 2020) research is needed to provide evidence to challenge practice and improve quality of life.

I read this paper with a great deal of interest and empathy , having encountered similar difficulties with data governance myself. Although this study was conducted in the UK, I am confident that the global readership of the journal will be able to identify with the issues raised in this article. The author is to be commended for illuminating the journey encountered when negotiating data governance procedures, which is likely to be a universal experience.

This paper provides a detailed case study of the barriers encountered when seeking formal approval to carry out a mixed-methods service evaluation. The author is a clinical nurse academic, balancing clinical commitments and undertaking a part-time doctorate, which is reflective of many Nursing, Midwifery and Allied Healthcare Professionals (NMAHPs) in the UK. The rationale for the research question was rooted in the authors’ own experiences from practice, which revealed a research question focused on a key marginalised population with identifiable unmet needs. Practice based research questions such as this have the potential for study findings to impact on future patient care and practice, and NMAHPs ought to be supported and encouraged to explore the everyday fundamental issues they encounter within their clinical practice.

Research involving patients involves undertaking formal ethical approval within healthcare. For many NMAHPS, particularly novice researchers, this can be a lengthy and often daunting process. Documenting the process of governance and ethical approval provides opportunities for shared learning, brings value to the notion of collective experience, and informs recommendations for improving and streamlining processes of best practice. In turn, this can provide valuable insights and understanding for those who are embarking on their own research journeys and simultaneously improve levels of novice researcher confidence.

Identified barriers to research approvals in this study included financial, organisational, and administrative processes which were time-consuming. For many clinical academics, time is a valuable resource in short supply when balancing research activity with professional commitments. Detailed examples and context are provided for the highlighted barriers alongside how they can be improved.

Eight recommendations to improve clinical research and service evaluation approval processes are made. These include training, promotion of resources, early engagement with regulatory or approving bodies to inform processes of research design, investment in staffing within approving bodies and clear communications between approving bodies. These recommendations should be reflected on in terms of transferability to other countries and their approval processes.

The importance of research to underpin and inform improvements to patient care and outcomes is well evidenced (Ozdemir et al., 2015), but the current complexities of data governance as part of approval processes are complex and need to be streamlined to increase research activity. Further case studies such as this are crucial to providing much needed evidence to inform and improve approval processes.

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