Joint Clinical Research Board

2.00 pm, Tuesday 7th March 2023
MS Teams

Present:

Amrita Ahluwalia (AA)
William Ajala
Melissa Anderson
Sharon Barrett (SB)
Bryony Butland
Sven Bunn
Stuart Chandler (SC)
Alistair Chesser (Chair) (AC)
Coleen Colechin
Mary Collins (MC)
Nikolaos Donos
Panagiotis Deloukas
Deanna Gibbs
Nick Good (NG)
Ginette Hoare (GH)
Richard Hooper
Mays Jawad (MJ)
Jamila Kassam
Hemant Kocher
Gerry Leonard (GL)
Bryan Leventis
Kieran McCafferty (KM)
Vickie McDonald
Jo Martin (JM)
Steven Newhouse (SN)
Neeta Patel (NP)
Rupert Pearse (RP)
Caspar Ridley (CR)
Anju Sahdev
Julie Sanders
Klaus Schmierer (KS)
Beth Stuart

Apologies:

Mark Caulfield
Steve Ford
Rhian Gabe
Xavier Griffin
Stephen Kelly
Nick Lemoine
Jo Morgan
Mauro Perretti
Ajay Sinha
Imogen Skene
Fiona Walter

Agenda Item	Action
1. Minutes and Actions from the last meeting. AC welcomed everyone. The draft minutes of the last meeting in November were agreed and apologies noted. Actions from the last meeting were noted as follows: (i) SF, GL, RP and BB to meet and discuss ways forward for the research misconduct policy and related QM/BH processes. RP reported that this work was progressing. There is no disagreement on the need for a joint umbrella policy, the issues are around ensuring that where individuals active/ employed across both BH and QM the organisations respond in a joined-up way. AA said that she had seen a paper and is making comments; one organisation needs to take a lead but which, in certain situations, would need to be taken in a collective and transparent manner. RP said that the plan is to return to JCRB with this in June. **ACTION**: NG to add the research misconduct policy review to JCRB agenda in June.	**NG**

(ii) NG to add a Pharmacy Challenges update to the agenda for the March JCRB and SC to attend to present on that. On the agenda – see below. (iii) RP is to return to JCRB with further Clinical Director updates as necessary. RP reported no major changes other than other items on the agenda. It was agreed… **ACTION**: RP is to return to JCRB with a Clinical Director update at the next meeting. (iv) MJ to return to JCRB with further updates around the JRMO governance development projects as necessary. On the agenda – see below. (v) GH to work with GL and Stephen Kelly (SK) on non-recruitment to approved commercial studies and return to the next JCRB with some suggestions. RP said that this was not ready yet but work ongoing. **ACTION**: GH/RP/SK to report back on non-recruitment to approved commercial studies to the June JCRB.	**RP** **GH/RP/SK**
2. Precision Medicine/ data core SN thanks AC for the opportunity to present an update to JCRB. He said that the programme of activity is now around half-way through, and the key tasks ahead are now to improve the approval processes with new tooling, understand public and patients concerns around data, integrate patient data to be research ready, build the Secure Data Environment (SDE) for health data analysis, and establish training, outreach and support to users. Funding from Barts Charity for the SDE is due to be confirmed later in March with a start date of July 2023, work ongoing for 4 years. The core team to lead this work is now in place with further recruitment throughout the period. AC asked if there were any questions. JM asked if any work is being undertaken to develop Q&As on model ethical questions as ethical pathways can be tortuous. SN said that this will be built out in time, but in the shorter term a helpdesk is being developed to support and expediate problems such as these. There were no further questions, so AC thanked SN and suggested he keep the JCRB updated on progress and return in maybe six months' time. **ACTION**: NG to note Precision Medicine/ data core update to JCRB in due course and discuss progress with SN.	**NG/SN**
3. Clinical Research Facility progress KM said he was delighted to report back on progress with the new NIHR Barts CRF within the Royal London Hospital (RLH).	

Whilst the level of NIHR funding was less than hoped for he believed having the NIHR brand would be very helpful going forward. Support from Barts Charity had now been secured and this would enable a significant increase in capacity and capabilities, informed by a major community engagement drive. The new CRF would be based on 15th floor of the RLH, it will be a healthcare space but visually different from the rest of the hospital. KM took the Board through the planned facility that will include a reception area, an outpatients' zone, wet lab, 7-bed treatment area, two 4-patient overnight bed wards, full monitoring facilities, two single side-rooms, a nursing station, storage, a dispensary, and staff changing area with showers. Overall, the research capacity at RLH will thus be increased by 700%. Clinical fellows will support nursing staff, which links to the new PI scheme, with the aim of engaging with new research areas and groups. KM thanked NP for her work supporting the facility's community engagement plans. Creating and strengthening the community advisory group was important and was one of the projects underway within the overarching programme of set-up activity. A call for applications to become members of the Scientific Advisory Group is imminent. AC thanked KM and asked if there were any questions. KS asked how long the CRF was looking to host clinical fellows for. KM said that research registrars could be hosted for around a year, possibly extending or even being part of an agreed job share. The task was to create a team of clinicians with sufficient back-up and experience but not too senior. He hoped for a good field of candidates from the call. AC thanked KM and suggested he keep the JCRB updated on progress and return in due course with further updates. **ACTION**: NG to ensure a CRF progress update returns to JCRB in due course in consultation with KM.	**NG/KM**
4. Pharmacy support SC said that he did not have a formal presentation to make; this was just an update on his last attendance in November. He said he was very pleased to be able to report that his team are working closely with KM and his team to develop the pharmacy within the CRF at the RLH. Elsewhere nothing dramatic has happened since his last report, but staffing issues have now been resolved, particularly at Barts (SBH), meaning that there are no routine approval delays and sites are operating efficiently. AC thanked SC for his work. RP said that it has been a difficult few years and he was aware he and SC should have a personal update meeting soon. He asked how invoicing was now going. SC said that invoicing was much improved, and he was finding the new finance officer very proactive.	

SC asked that if anyone felt there were issues around pharmacy support and input they should contact him immediately.	
5. Regulatory approval changes update MJ thanked the Board for its interest in the work her team in the JRMO was undertaking and this opportunity to report progress. She reported that there are four main areas to this research governance review covering challenges to both JRMO staff and researchers: (i) Delays in study set-up; (ii) Service quality; (iii) Communication; and (iv) Volumes of work and staff support. The JRMO Governance team has begun a series of reviews which has led to the establishment of six working groups within which are several subgroups. The work started in December 2022 and will be ongoing for twelve months with outputs each month. MJ reported that stakeholder engagements and survey feedback will be part of this activity. The 'Timelines' working group is reviewing processes with an eye to better managing expectations. A pilot to enable local checks of hosted studies is underway. Reviewing apparent check duplications, between JRMO, LCRN and others, with a consequential re-mapping of processes and a rewriting of SOPs, to simplify and clarify those processes, is underway. The team is also reviewing the IT systems we use, learning lessons from other users, to improve the wider management of our portfolio. Increasing accessibility to and presence of JRMO staff for researchers is important too. But equally JRMI staff need support, training and empowerment to ensure their retention and development, imbedding protected time into their job plans. Other work is in hand, including a proposal for trial support within the JRMO ('CTU-lite'). AA asked whether this last idea would provide support for people who work outside of the existing speciality CTUs. RP said that it was, and the proposal being worked up is for part-funded posts, located within the JRMO, with a clear mandate to support good research. It will need policing to ensure that those it benefits meet certain criteria, it being a finite resource. The support is not meant to compete with the existing CTUs it is designed to support research outside their scope. AC said it would be useful to see an update on this proposal next time. MC asked if it might be possible to capture information around researchers not starting studies because set-up seemed too onerous. MJ said she would look into this as part of the review. RP thanked MJ and her team for this work and said that the underlying purpose of the review was to make it easier to do good research, and more difficult to do bad research. **ACTION**: MJ to return with further updated on this JRMO work on regulatory approval changes. Particularly 'CTU-lite'.	**MJ**

6. JCRB Terms of Reference NG said that he had circulated a revised set of TORs that took account of the merger in 2022 of the JCRB with the Barts Health Research Board. Necessary changes where minor: noting the new joint rotating chairmanship between Barts Health and Queen Mary; noting a change of the reporting lines within Barts Health; and clarifying membership of the JCRB. AC thanked NG for this. There were no comments, so the new TORs were adopted. **ACTION:** NG to finalise the TORs and publish them on the JRMO webpage: http://www.jrmo.org.uk/about-us/joint-clinical-research-board/	**NG**
7. Barts Health IP update GL said that draft minutes of the recent IP Management Oversight Group (IPMOG) had been circulated. The Trust's IP Policy is currently being reviewed by lawyers and a revision will come to JCRB in due course. He said that management of the Trust's IP is itself changing with a plan for it to move to the Commercial group, from R&D, with his retirement at the end of April. IP-related activity has grown significantly over the last few years, and it is time to normalise how the Trust manages this, in line with practice elsewhere. AC thanked GL for his past work on this. CR thanked GL and noted that there is a challenge to the status quo and how commercialisation of IP moves forward in a way that supports innovation. Currently there is no resource to support this in Commercial but the team are recruiting to a position to support the work in this area and the team will need the continued support of the Group Chief Medical Officer going forward. AC said he looked forward to further updates on various aspects of this work in due course and was happy to discuss matters offline. **ACTION**: CR to return to next JCRB with an update on future Trust IP management.	**CR**
8. North London RRDN application GL reported that a delay in a decision on next steps/ the award for this is ongoing. He undertook to circulate the decision once it is received.	
9. A.O.B. (i) GL reported that he and others are working on input to the Covid-19 Public Enquiry following meetings. The output is likely to be some kind of information pack around Barts Health's research activity during that period, lessons learnt etc. (ii) SB reported that the CRN is mapping out resources available across the area from September '23 for a Moderna research pipeline. More information will be forthcoming.	

(iii)	RP said that as GL was retiring this would be his last JCRB. He wished to thank GL for his help and flag up that a party is being planned for 25th April. AC added his thanks to RP and hoped that as many as possible can attend the event. NG said that planning is in hand, the event will take place in the Senior Common Room, the Queen's Building at Mile End, and that invitations are due to go out in the next two weeks. AC added that the process to recruit a replacement for GL has begun, albeit that GL is irreplaceable!	
10. Next JCRB meeting: 7th June 2023		
11. Summary of forward Actions		
(i)	NG to add the research misconduct policy review to JCRB agenda in June.	**NG**
(ii)	RP is to return to JCRB with a Clinical Director update at the next meeting.	**RP**
(iii)	GH/RP/SK to report back on non-recruitment to approved commercial studies to the June JCRB.	**GH/RP/SK**
(iv)	NG to note Precision Medicine/ data core update to JCRB in due course and discuss progress with SN.	**NG/SN**
(v)	NG to ensure a CRF progress update returns to JCRB in due course in consultation with KM.	**NG/KM**
(vi)	MJ to return with further updated on this JRMO work on regulatory approval changes. Particularly 'CTU-lite'.	**MJ**
(vii)	NG to finalise the TORs and publish them on the JRMO webpage: http://www.jrmo.org.uk/about-us/joint-clinical-research-board/	**NG**
(viii)	CR to return to next JCRB with an update on future Trust IP management.	**CR**

NG
10th March 2023