

## Joint Clinical Research Board

Tuesday 10<sup>th</sup> December 2019  
Room 3.04, Garrod Building, Whitechapel

**Members present:**

Coleen Colechin (CC)  
Sandra Eldridge (SE)  
Deanna Gibbs (DG)  
Gerry Leonard (GL)  
Nick Lemoine (by telephone)

Jo Martin (JM)  
Kieran McCafferty (KM)  
Rupert Pearse (RP), Chair  
Anju Sahdev (AS) – by telephone

**In attendance:**

William Ajala (WA)  
Nick Good (NG)  
Mays Jawad (MJ)

Jo Morgan (JMO)  
Neeta Patel (NP)

**Apologies:**

Sven Bunn  
Mark Caulfield  
Alistair Chesser  
Jack Cuzick  
Sharon Ellis  
Stephen Kelly

Hemant Kocher  
Mauro Perretti  
Steffen Petersen  
Tim Warner  
Anthony Warrens  
David Wheeler

Agenda Item	Action
<p><b>1. Minutes and Actions from the last meeting</b></p> <p>The minute of the last meeting in June was agreed – September’s meeting having been cancelled. Actions from that meeting:</p> <p>(i) NG to ask SB for a list of Life Science Board members. SB had sent TORs to NG and the membership list was included in that this had been overlooked.</p> <p><b>ACTION:</b> NG to circulate the Life Science Board TORs with membership list included.</p> <p>(ii) JM to send SB information about the single NHS contract for commercialisation she had received. Completed. JM reported that she had not seen any further specifics about this.</p> <p>(iii) AS and MJ will revise the paper on Blood Taking from Healthy Volunteers in the light of this discussion. It had been reviewed and a further paper was discussed at this meeting (see below).</p> <p>(iv) RP will take that revised paper on Blood Taking to SMD Executive for further discussion. It had been there.</p>	<p><b>NG</b></p>

<ul style="list-style-type: none"> <li>(v) MJ will speak to QM Ethics to clarify any concerns around blood-taking from healthy volunteers. Completed.</li> <li>(vi) NG to confirm to NP the date and time of BHRB. Done.</li> <li>(vii) NP to produce a paper on the PRES and present it to BHRB. Done.</li> <li>(viii) GL to take the Data Sharing Policy forward to the Trust Policy Group and report back in due course. GL reported that the policy had been agreed by TPC in September, was subsequently published and is now in operation.</li> <li>(ix) NG to revise the JCRB's TORs in accordance with this discussion and re-publish them on the JRMO website, flagging this up in the next R&amp;D News Bulletin. Completed.</li> </ul>	
<p><b>1. Sponsorship</b></p> <p>RP presented a paper on the circumstances under which Queen Mary or Barts Health would act as Sponsor for research. He confirmed that he had presented this to the SMD Executive and GL confirmed it had been represented to the Barts Health Research Board. The responses had been good and he was happy that this should now be accepted as JRMO process. He asked if there were any other views.</p> <p>NL raised a matter where a UCLH employee had wanted to run a study only at Barts Health and had therefore sought Barts Sponsorship. This policy would appear to require an Honorary Trust Contract to be in place before that could happen. RP said that there would always be unusual circumstances that required tailored solutions, including the some relating to Barts Cardiac staff, but this new policy gives clarity in the vast majority of cases. Most accountability concerns have arisen around CTIMPS and remain valid.</p> <p>The conclusion was that the Sponsorship paper was agreed.</p>	
<p><b>2. New researcher PA scheme</b></p> <p>RP reported that interviews for the scheme to award 10 Research PAs have taken place and decisions made. There were 27 applications, 19 people were short-listed. He thanked all those who had taken part in the interviews – KM, GL, Stephen Kelly and Simon Tiberi – and also Neeta Patel who had arranged it all. It had been an exceptionally strong field, particularly from Whipps Cross Hospital, but sadly no appointable candidates from Newham. He hoped that half of these awards produce people who will go on to produce valuable research. There are some ongoing concerns about local divisional leadership which he is discussing with Alistair Chesser.</p> <p>The focus of most of the new researchers had been on NIHR portfolio funding. One person from Radiology was keen to be involved in Life Sciences work. RP is following-up with some of the non-appointees who would be better suited to University-based research.</p> <p>AC had directed that all the awarded PAs should come within an individual's job plans, not be additional. This had been possible in all but one case.</p> <p>NL asked if there was any chance the Network might match the funding and turn this into a</p>	

<p>whole research day for individuals. JM thought that this was unlikely, given recent cuts, but RP said that once we have some evidence this was delivering there would be a good case to put to seek additional help. He would make a report to the Board on this later in 2020.</p>	
<p><b>3. Blood sample taking from Healthy Volunteers</b></p> <p>RP said he had asked for this paper to be prepared by MJ's team as a lot of research, particularly on the University side, appears to be taking place under a fragile ethical umbrella with a very real risk of alleged coercion. We must have clear best practice that is then followed, although this may not be popular in some quarters. He asked if there were any views on the paper.</p> <p>NL welcomed the paper and said this was both helpful and pertinent.</p> <p>DG asked whether this could be expanded to cover matters other than talking blood, for example, she had heard of a study where wires were to be put into the eyes of volunteers.</p> <p>RP said that any specific instances should be discussed with MJ or her team but agreed there was a general issue around sample taking and device testing.</p> <p>CC commented that this can apply whether something is research or whether it is a process improvement. RP agreed that the point around coercion and the damage that can do to institutional reputation applies in various situations.</p> <p>People were happy with the paper, suitably amended to accommodate the discussion, and various actions were agreed:</p> <p><b>ACTION:</b> MJ to amend the Healthy Volunteers guidelines to make it explicit that these apply to other sample-taking scenarios. <b>MJ</b></p> <p><b>ACTION:</b> RP will then take the paper to BHRB and SMD Executive for agreement. <b>RP</b></p> <p><b>ACTION:</b> Following that, NG to publicise the paper, circulating it to research leads and featuring it in the R&amp;D News Bulletin. <b>NG</b></p>	
<p><b>4. Life Sciences</b></p> <p>RP presented a slide set that Sven Bunn (SB) had sent through. He conveyed apologies from SB who was unable to attend. He said that a lot of this was already known so he would focus on forthcoming developments. Barts Charity is about to agree to funding for the data core and that will be a huge enabler for the scheme.</p> <p>GL asked if there could be JRMO representation on the Research Innovation Committee as there seemed to be a lack of understanding of some established procedures from costing and contracting to ethical approvals. RP said that both he and Sharon Ellis are on the Committee and whenever these issues have come up they have been signposting as appropriate. He was satisfied that appropriate procedures are now in place and felt the concerns GL referred to had arisen before the present structures were established. If GL thought matters were still going awry he suggested we take this to the Barts Life Sciences Board.</p> <p>CC said that it was vital to keep telling people that established grant application processes</p>	

<p>existed and need to be followed.</p> <p>AS said that she felt there was still a lack of engagement around digital technology. RP said that this has only got as far as establishing a structure, not to detail of actual projects. However, he was happy to provide a link for AS to Sarah Jensen the Trust Lead on this.</p> <p><b>ACTION:</b> AS to email RP with her issues about the lack of engagement and he will then forward those to Sarah Jensen, creating a paper trail and establishing links.</p> <p>JM said that she has suggested Rakesh Uppal create a list of collaborators and, additionally, she has industry contacts she can share. It was agreed that JM and SB should meet to discuss contacts and collaboration.</p> <p><b>ACTION:</b> NG to contact SB, ask him to meet JM and introduce him to Jo's PA.</p>	<p><b>AS/ RP</b></p> <p><b>NG/ SB</b></p>
<p><b>5. JRMO move</b></p> <p>CC outlined the proposal that appears to be firming-up that the JRMO move next year. This has come about as the current JRMO office in Whitechapel is needed as 'incubator space' for the LSI. It appears that this could involve 2 moves: Firstly to Empire House, Whitechapel and then to 'Department W' between Whitechapel and Mile End, although it was noted that the lease on that building has yet to be signed. This is all in an early stage and there is no agreed timeline beyond an indication that it will take place during 2020. Although there have been suggestions of a move for almost 2 years, this only came to light because a confidential email had a wider than expected circulation.</p> <p>There was a concern that the move, or moves, had not been discussed before being announced. GL expressed particular misgivings about there being 2 proposed moves in a short period, doubling the risk of things going wrong and services being disrupted. Questions were asked about the provision of Trust IT infrastructure for Barts Health staff within the JRMO, the status of Clinical Research facility staff located in the mezzanine within the QM Innovation centre (would they be included in the moves), and whether 2 moves were essential including whether QM had not considered creating temporary 'incubator space' within Empire House until the JRMO could be moved to Dept W?</p> <p>Both JM and SE said they had been asked, separately, to sit on committees overseeing aspects of the proposed Professional Services changes but had not heard anything formally about a move. JM was concerned that it appeared deals were being done and plans made without any consultation with key stakeholders.</p> <p>RP and others felt some disquiet with the prospect of support staff being physically removed from researchers just when relationships had improved and the JRMO was endeavouring to make itself more accessible with drop-in sessions etc. It was unclear how that would sit with a location halfway to Mile End.</p> <p><b>ACTION:</b> RP said that he will talk to Alistair Chesser, Sharon Ellis and if needed, Colin Bailey about the proposed JRMO move and ensure the group is kept up to date with matters.</p> <p><b>ACTION:</b> NG to summarise matters raised and email these to RP as an aide-memoire.</p>	<p><b>RP</b></p> <p><b>NG</b></p>

<p><b>6. Matters arising from Information Papers</b></p> <p>RP asked if there were any comments on the papers MJ had circulated.</p> <p>NL commented that there seems to be a drop in the number of studies and the root cause of that is reduced Network support. RP said that he has raised this with the Network and will do so again.</p> <p>RP said that the SOG minutes describe a proposed unfunded/under-resourced CTIMP. This demonstrates that the SOG is working and catching things like this that in the past have given rise to problems.</p> <p>It was observed that 2020 is likely to be a year with a focus on metrics. RP expressed his gratitude to the JRMO's research governance team for their past efforts but felt further strategic thought was going to be necessary.</p>	
<p><b>7. AOB</b></p> <p>RP asked if the Board had any views on the future frequency of meetings, given that the Trust Research Board is now meeting quarterly and that covers some matters previously discussed here. NL said that this group still has an important role to play in overseeing clinical academic work; he was however concerned by a lack of attendance at these meetings.</p> <p>It was agreed that subject to attendance at the next meeting, RP might write to Alistair Chesser and Steve Thornton to ask them to discuss attendance at these meetings, in particular by clinical and/or academic leads.</p> <p><b>ACTION:</b> The March meeting will review whether mandating attendance by clinical leads is necessary.</p> <p>NG said that it had been suggested to him that deputies might attend. There was discussion around this but people felt this could be a slippery slope to downgrading the importance of the group and its ability to make decisions.</p> <p>There was agreement however that the group move meetings to a 3-times a year basis.</p> <p><b>ACTION:</b> NG to schedule 3 meetings for 2020.</p>	<p><b>All</b></p> <p><b>NG</b></p>
<p><b>8. Next meeting</b></p> <p>9<sup>th</sup> March, Whitechapel.</p>	
<p><b>9. Summary of forward Actions</b></p> <p>(i) NG to circulate the Life Science Board TORs with membership list included.</p> <p>(ii) MJ to amend the Healthy Volunteers guidelines to make it explicit that these apply to all types of same-taking scenarios.</p> <p>(iii) RP will then take the paper to BHRB and SMD Executive for agreement.</p>	<p><b>NG</b></p> <p><b>MJ</b></p> <p><b>RP</b></p>

(iv)	Following that, NG to publicise the paper, circulating it to research leads and featuring it in the R&D News Bulletin.	<b>NG</b>
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(viii)	NG to summarise concerns raised about the move and email these to RP as an aide-memoire.	<b>NG</b>
(ix)	The March meeting will review whether mandating attendance by clinical leads is necessary.	<b>All</b>
(x)	NG to schedule 3 JCRB meetings for 2020.	<b>NG</b>

NG  
12<sup>th</sup> December 2019