Joint Clinical Research Board

Wednesday 13th October 2021
MS Teams

Present:

William Ajala (WA)
Melissa Anderson (MA)
Sven Bunn (SB)
Coleen Colechin (CC)
Panagiotis Deloukas (PD)
Sandra Eldridge (SE)
Rhian Gabe (RG)
Deanna Gibbs (DG)
Nick Good (NG)
Charles Gutteridge (CG)
Ginette Hoare (GH)
Sarah Jensen (SJ)
Nick Lemoine (NL)
Gerry Leonard (GL)
Jo Morgan (JMO)
Belinda Nedjai (BN)
Neeta Patel (NP)
Rupert Pearse (Chair) (RP)
Mauro Perretti (MP)
Julie Sanders (JS)
Ajay Sinha (AS)
Ruzena Uddin (RU)

Apologies:

Mark Caulfield
Paul Coulthard
Alistair Chesser
Sharon Ellis
Stephen Kelly
Hemant Kocher
Irene Leigh
Kieran McCafferty
Fiona Walker
Anthony Warren

Agenda Item	Action
1. Minutes and Actions from the last meetings Rupert Pearse (RP) welcomed everyone. The draft minutes of the last (JRB) meeting were approved subject to one typo ('RO' on page 3 that should be 'RP'). Actions from that last meeting were noted as follows: (i) RP and Stuart Chandler to meet up and discuss developing research pharmacy provision. *This is happening on 15th November.* (ii) NG to request that Sarah Jensen (SJ) and Sven Bunn (SB) attend the next JCRB meeting in October to report on progress regarding the set-up of a Data Core. *This was on the Agenda.* (iii) NG to arrange a meeting for RP with SJ, SB, Mays Jawad, Sarah Palmer-Edwards and Charles Gutteridge to review and update the research strategy re the data core. *This happened on 9th July and RP confirmed there had been further follow-up.* (iv) NG to arrange a meeting of Stamatina Iliodromiti with RP and JRMO re women's health research support issues. *This happened on 25th June.*	
2. **Data Core update** RP thanked SB and SJ for attending further to the action from the last meeting. SB	

introduced RU who, he said, would take the Board through a set of slides that had been circulated. RU talked through a slide set on the Precision Medicine Programme that she is to manage. The programme contained a series of stages and modules designed to improve current processes to an approved timeline. RU stressed that having a data core is not a new concept in general, just for Barts Health. To achieve this, the current process needs to be reviewed and changed. She set out a timeline with items moving into 2023. SB added that research design and development activity was also being undertaken by the Barts Life Sciences (BLS) team. SJ introduced herself and CG who was with her that afternoon. RP welcomed them both. SJ said that moving to a central data core is challenging but Barts has finally set off on that journey, having lost a year through the pandemic. The data flow is already in operation for Covid-19 data and we are rapidly catching up with the digital agenda. Research support is the next stage of this work. MP thanked SJ and SB. He said that it is recognised that this is a huge amount of work but it needs to happen. He asked if there is a plan for how scientists can access this data once the system is operational in 2023. SJ said that access must be simple but not necessarily easy; it cannot be a free-for-all and access will only ever be specific to approvals, rather than a members' club, but getting access must be transparent and equitable. MP said this was refreshing and reassuring. RP welcomed this and said that equity of access is vital. RG asked if there will be any independent people on the oversight committee. SJ said that this was detail as yet unplanned but she is aware of PPIE activity and is looking to stakeholders like the JCRB to input into the high-level strategy currently under development. Internal clinical engagement and buy-in is also a key driver. RP said that this project has opened several issues that need to be worked through, but working with known stakeholders should capture all the internal drivers along with external/ industry standards. SB added that the BLS team is already providing support to help create data sets, moving on from C-19 data, and supporting data skills and technical skills development. MO welcomed this as teams often need help with establishing and working up research data. CG said that a problem right now is the gaps in the flow of data. Often a lot of activity is captured, along with lab data, but clinical data is often captured in inconsistent ways. Moving to the universal and standardised use of Electronic Health Records (HER) for all stages of clinical work will be a great help. NL asked how linking Bart Health systems to Primary Care records in East London is going. SJ said that this remains difficult due to legacy systems and inconsistences in recording as CG has outlined. Working through Discovere and Healthy Intent system is part of the Programme to combine their data and normalise it. RP thanked them for coming and suggested that the group return to the JCRB the meeting after next (early Summer) to give a further update on progress with the data core and related work. SJ and SB said they were happy to do so.	

ACTION: NG to invite SJ and SB to attend the early summer JCRB meeting by which time there will have been further progress in developing the data core.	**NG (SJ & SB)**
3. **CRF bids update** RP opened by saying that most people present will be aware of the proposal currently with Barts Charity to develop a new research facility on the 15th floor of the Royal London Hospital (RLH). The team is currently working on the detailed architectural designs for the project as well as fund raising through the Barts 900 campaign. Many present have also been involved in a parallel bid to the NIHR for funding to support the work of the existing facilities, across sites, as the RLH hopefully phase into its new larger premises (2024). The NIHR bid relates to an umbrella of clinical research facilities, Trust and University, across various sites that would then come under single co-ordinated leadership. This is an exciting time for our CRFs and substantial infrastructure is being invested in. There must be equitable access to these new resources and they will be run to high standards. SB added that this is an opportunity to grow research in all areas, including new areas of the Trust. RG said that she can inform the Board that the Barts Charity bid for the Clinical Trials Unit has just passed its first hurdle and she will be working with others to pull together the necessary further information. RP suggested that, subject to changes between now and then, Clinical Trials Units return as an agenda item at the next JCRB. **ACTION**: NG to put a further update on the CRF bids on the agenda for the next meeting with RG to give a short presentation.	**NG & RG**
4. Joint Policies review GL had arranged for the revised draft set of policies, along with a paper summarising the changes to be circulated. He explained that NG had produced the summary to set out the changes planned, most of which were simply an updating or re-editing of the previous versions of the policies. He said that rather than reiterate that paper he would explain some of the areas that remain outstanding: • Policy 7, Dissemination and publication is not likely to be controversial but is still under review by QM Library (key stakeholder). • Policy 17, Identification and protection of Intellectual Property. This is made up of 2 distinct policies (for Queen Mary and Barts Health). The Barts Health policy is still under review by the Trust Finance team but that will be slotted in later this month. The Queen Mary policy is currently subject to a separate review by QMI, outside of the scope of this review, and will be added in once agreed. • Policy 20, Distribution of research project funds. No changes are proposed to this policy as part of this review but a paper on the issue, concerning Trust-managed funds, will be presented to the next Trust Clinical Research Board to explore possible alternative options for the distribution of research funds. Whether that will lead to consequential changes is unknown at present. • Policy 23, Research Misconduct is subject to a separate review in Queen Mary and will be revisited once that is complete.	

GL said that the policies would now go to the Trust Research Board in November and to the Trust Policy Committee thereafter. On the University side, they would go to VPRAG and Senate. The target was to have a new set approved by January. There were no questions so RP thanked GL and the JRMO team for undertaking this review. He said these policies demonstrated the breadth and complexity of work undertaken by the JRMO. **ACTION**: GL and NG to continue to work on the policies and to escalate them for sign-off through both Barts Health and Queen Mary executive groups	**GL and NG**
5. SMD Research Strategy MP explained that SMD was undertaking a review of its education and research strategy under the heading of 'Better health for all'. He presented slides covering the activity in this area, explaining that a series of meetings had taken place with stakeholders, aligning with the common aim of combating health inequalities, underpinning existing areas of excellence and developing focussed themes for future change. The strategy will take account of relevant NIHR, MRC and other supporting institution strategies and will evolve working closely with Barts Health and mental health NHS Trusts. MP said that the digital health elements of this, eg, 'lifelong health', fit closely with the BLS work. A driver is to establish underpinning funding for the next 3 years to support major strategic major applications to the NIHR and MRC. Work in progress is cross-cutting themes and their alignment to life sciences. Building on existing strengths and developing new ones will enable future growth in both patient-based and science research in all 6 institutes. To communicate these changes the SMD and Institute websites will be updated and there will be a series of engagement events. RP thanked MP for covering this wide area of ongoing SMD work and asked if there were any questions. JS asked if MP had any views on how nursing, midwifery and allied health professions (NMAHP) can best integrate with this work. MP said that working with the Wellcome Trust has proved very successful in this area and there is now considerable scope for involving NMAHP colleagues. NL commented that this is already happening in the lifelong health area. RP welcomed the strategy and its approach to patient-focused research. It will be important for it to work alongside the Trust's research strategy and integrate with Trust facilities. He said that SMD also needs to consider how some less apparent areas of research can be supported and how non-clinicians can be supported; flexibility is vital. NL agreed and said that health and social care research is the key and that needs to involve all care professionals. RP thanked MP and said that he was sure this discussion would continue. **ACTION**: SMD Clinical Research Infrastructure Board to be an agenda item at the next JCRB.	**NG**

6. Clinical Director of R&D team update RP reported that it has been agreed that there will be changes to the Clinical Director of R&D team. JDs for the Deputy Clinical Director roles have been revised in line with a significant increase in workload over the last few years and it is proposed that the posts will merit more PAs per week. Not only has the scope of work changed but the volume has too, so the proposal is that there will now be five Deputy CDs, aligned to specific areas of activity across both organisations, to support the CD. By early 2022, hopefully by Christmas, adverts for the new posts will go out. The CD will attend the Trust Group Executive Board, to reflect the higher profile of research there, and will report jointly to SMD and the Trust excutives. SE asked if these posts were open to non-clinicians. RP said no, post-holders need a clinical background because the jobs involve driving clinical research. MP said that this is a very positive plan and that it is important to align the posts and have clarity around reporting. RP said that the proposal has been approved by the Trust Executive and will shortly go before the SMD executive group. The changes are financed 50:50 by the Trust and Queen Mary. It was his experience that Trust investment in research is beneficial for the university too so this is indeed a very positive move. PD added that there all opportunities to make research oversight more joined-up should be taken up and this investment recognises that. RP said that this expansion recognises that we need to support all types of researchers, including those working outside the known priority areas; working together at all levels is the only way we can expect to grow research. MP and others agreed with this.	
7. Changes to JCRB membership RP thanked NG for taking forward several changes in JCRB membership that have resulted from personnel changes. He said he had noticed that David Wheeler was missing from the list (NG to add-in) and asked if anyone was aware of further changes to the membership list that had been circulated that were needed. SE said that Prof Richard Hooper was taking over from her as Director PCTU so should be added. RP thanked SE for her past work and hoped she would continue to attend JCRB meetings until the end of her term. It was commented that a new Associate Director of R&D was being appointed and that person would presumably replace Sharon Ellis as a member of JCRB. **ACTION**: NG to revise the membership list and republish the TORS in which they sir. Then to ensure future meeting appointments align with the new membership	**NG**
8. A.O.B. • **Format of future meetings:** RP asked if there were any views on whether the JCRB should return to a face-to-face meeting, remain online or be a hybrid format. He said that he has found online meetings are more time-efficient but was open to any other thoughts. NG said that facilities now existed, eg, in Dept. W, to host hybrid	

meetings if people liked. There were no other preferences expressed **ACTION:** RP and NG to discuss arrangements for future meetings	**RP & NG**
9. Next meeting: 22nd February 2021.	
10. Summary of forward Actions	
(i) NG to invite SJ and SB to attend the early summer JCRB meeting by which time there will have been further progress in developing the data core.	**NG (SJ & SB)**
(ii) NG to put a further update on the CRF bids on the agenda for the next meeting.	**NG**
(iii) GL and NG to continue to work on the policies and to escalate them for sign-off through both Barts Health and Queen Mary executive groups	**GL & NG**
(iv) NG to revise the membership list and republish the TORS in which they sit. Then to ensure future meeting appointments align with the new membership.	**NG**
(v) RP and NG to discuss arrangements for future meetings	**RP & NG**

NG
18th October 2021