

Joint Clinical Research Board

Monday 18th June 2018

Room 2.48 Garrod Building, Whitechapel

Members present:

Amrita Ahluwalia (AA), by telephone
 Karim Brohi (KB)
 Coleen Colechin (CC)
 Sandra Eldridge (SE), for items 1&2 only
 Deanna Gibbs (DG)
 Hemant Kocher (HK) by telephone
 Pier Lambiase (PL)

Nick Lemoine (NL)
 Gerry Leonard (GL)
 Kieran McCafferty (KM)
 Rupert Pearse (RP), Chair
 Mauro Perretti (MP), by telephone
 Steffen Petersen (SP)
 John Prowle (JP)

In attendance:

Paul Astin (PA)
 Nick Good (NG)
 Mays Jawad (MJ)

Jo Morgan (JM)
 Erutase Oputo (EO)
 Felicity Sartain (FS)

Apologies:

William Ajala
 Mark Caulfield
 Jo Martin

Neeta Patel
 Shakila Thangaratinam
 Anthony Warrens

Agenda Item	Action
1. Minutes and Actions from the last meeting	
<p>RP opened the meeting. The minutes of the last meeting were agreed. Actions from that meeting:</p>	
(i)	FS to update the JCRB on Life Sciences at its next meeting in June. See Agenda item 3 below.
(ii)	JCRB to review progress on Pharmacy invoicing and the JRMO take-over of that work at its next meeting (link to Action vi and vii). See Agenda item 7 below.
(iii)	NG to publish the new JCRB membership list. Done – online now at: http://www.jrmo.org.uk/about-us/joint-clinical-research-board/
(iv)	NG to contact AS and ask her, on behalf of JCRB, to take up the position of Research Lead for CSS. Done – AS present at this meeting; RP welcome her back.
(v)	JMO to work with CG and CRN to complete prioritisation of studies ASAP. Ongoing – see Agenda item 7 below.
(vi)	Progress on pharmacy matters is to be reported to the June JCRB meeting by CG (link to Action ii and vii). See Agenda item 7 below.
(vii)	RP and CG to meet and go through the proposed plans and outstanding points (link to

<p>Actions ii and vi). See Agenda item 7 below.</p> <p>(viii) AS to report to JCRB in <i>June</i> on CSS use of the RCF top-slice. See Agenda item 6 below.</p> <p>(ix) GL to report to the JCRB in <i>September</i> on use of RCF funding for maternity cover. Ongoing ACTION.</p> <p>(x) GL to circulate Dept of Health working on RCF clinical theme allocations as and when that is made available. Done.</p> <p>(xi) RP asked that all Research Leads take concerns about performance and delivery target back to their colleagues and Boards. They need to review the adequacy of their local feasibility assessments and ensure a realistic, rather than optimistic, view is taken of potential research involvements. This has happened, to varying degrees, and will be reviewed in due course.</p>	GL
<p>2. NIHR senior investigators</p> <p>SE said that increasing our total of NIHR senior investigators was important. We now only have 4, having just lost 2. New people and people who have previously applied and been rejected should be encouraged to apply again. The remit for this scheme is wide but contribution to NIHR research is key.</p> <p>SE said that she has spoken to our existing senior investigators and they are happy to provide some mentoring to new candidates.</p> <p>ACTION: SE to circulate information on the next NIHR senior investigators competition as soon as it is announced.</p> <p>ACTION: All Institute Directors to contact SE with suggested candidates to apply for NIHR senior investigators. She will then contact those individuals.</p>	SE Institute Directors/ SE
<p>3. Life Sciences update</p> <p>FS has arranged for a set of slides to be circulated. She explained that the plan was to bring the strategic aims of the Trust and industry together to ensure best possible care and best possible price. Barts Life Sciences (BLS) is an umbrella of partnerships, synergies and mutual benefits that uses digital and virtual space. Themes for this are being developed, harmonising ICT and CSS. Selling the “Barts offer” is crucial to this as well.</p> <p>FS said that there are 5 key areas of BLS work:</p> <ul style="list-style-type: none"> • Biosciences • Data and digital • Strategic communications collaboration • Internal support • Proactive link to grant funding <p>Next steps include events, bringing in SMEs and working with key players. Also identifying some simple improvements that could be done by sharing our own ideas and following best practice elsewhere.</p>	

<p>AS asked if we have a framework for matching potential partners with internal projects.</p> <p>FS said that this is a core to developing the BLS work strand. The creation of a knowledge database is a key part of the Barts offer. She stressed that it is early days yet and the team are working to move away from generic pitches, eg “digital imaging” research, to more specific and informed requests.</p> <p>GL said that the JRMO and CSS are working with BLS on this. FS agreed and said this collaboration would be what creates a suitably detailed knowledge database. RP said that collaboration, rather than the idea that BLS was in any sense taking over other people’s work, would be key to the success of this project.</p> <p>JP asked if there were plans to create a “data haven”. FS said that there is an intention to have an approved and accessible data source, infrastructure and support. However, she explained that this is not a trivial task.</p> <p>RP said that the concept of linkage and interoperability is key to this; it is understandably complex. He asked that FS keep the JCRB up-to-date with developments and to routine for a further briefing in due course. In the meantime she was welcome to attend these meetings.</p> <p>ACTION: NG to invite FS to future JCRB meetings.</p>	<p>NG</p>
<p>4. CRN Annual report</p> <p>Sharon Barrett (SB) from CRN had been due to present the Network’s Annual Report to JCRB acting as delegated authority for the Barts Health NHS Trust Board. She was absent, reason unknown, despite RP emailing her. NG said that he had been in contact with SB last week and understood that SB had known that this was a substantive Agenda item.</p> <p>The Annual Report had been circulated so, in SB’s absence, RP asked if there were any questions or comments on the Annual Report that had been circulated as part of the Board Papers.</p> <p>NL said that the CRN Report showed that commercial activity is going up within the Network but only in a comparable manner as in other NIHR CRNs. Recruitment to target is also going well. Although set-up remains an issue that metric will shortly be dropped. He explained that the purpose of this review is to give oversight of Network activity. In his view the data set in this report showed that overall CRN: North Thames is doing fine but income has dropped and other, comparable Networks appear to be catching up with our CRN. From a BH perspective this shows that we need to become more active at our smaller hospitals; the wider message for the CRN is that it needs to be more active in the smaller Trusts such as Barking Havering and Redbridge where research activity appears to have fallen in the past few years.</p> <p>There were no further comments.</p> <p>RP directed that it be noted that the CRN’s Annual Report has been formally received and accepted by Barts Health NHS Trust.</p>	
<p>5. Research Misconduct Procedure</p>	

<p>RP thanked NG for his work to revise the draft Standard Operating Procedure (SOP) for Research Misconduct that he had inherited 2 months earlier.</p> <p>NG explained that he had used the previous draft to populate the JRMO's SOP template. Where there were gaps he had filled them with what seemed sensible and where there were overlaps or inconsistencies these had been ironed out. Using the template, particularly the flow diagram part, had made the process relatively easy.</p> <p>JP asked what the position would be if a person is employed by another organisation but was engaged in the alleged research misconduct here (ie, at BH or QMUL). RP said that the idea was that an initial investigation would be undertaken here but then it could be proceeded either here or at the employing organisation as seemed appropriate by those in charge; other organisation would have similar policies and procedures in place. NG agreed and said that this set of policy and procedure worked in addition to the Trust and University's existing disciplinary procedures which would become operative should an allegation prove to be well-founded.</p> <p>RP asked what the next steps were. NG said that this needed to be cleared by both HR Departments and then go to the relevant approval bodies. This should be accomplished by early Autumn.</p> <p>RP suggested that this be read through by someone else in the JRMO first. MJ volunteered to do this.</p> <p>ACTION: NG to send MJ the draft Research Misconduct Procedure for review</p> <p>ACTION: Once reviewed NG to proceed to put the draft Research Misconduct Procedure to both QMUL and BH HR Depts and then obtain sign-off by both BH and QMUL.</p>	<p>NG/ MJ</p> <p>NG</p>
<p>6. RCF-CSS top-slice</p> <p>AS reported that this funding had been used to support posts for MR scanning and pharmacy (distinct from the recent issues around the pharmacy service provision). For 2018 the main priorities would be pharmacy and training researchers on Edge.</p> <p>KM asked where someone should be applying to for support-related RCF. AS said that this would be to CSS.</p> <p>RP noted that RCF is falling and may be non-existent next year. Accordingly we need to plan for longer-term CSS delivery without the need for this top-slice. AS said that she would be bring proposals to the CSS CB soon and would be seeking support for these from JCRB and Trust Research Board.</p>	
<p>7. Pharmacy update</p> <p>AS said that the backlog had now been reduced to single-figures and no studies were unreviewed. Those awaiting approval all had complications, missing information or unanswered questions associated with them. She said that a new process in place, which will be developed on an on-going basis, to ensure the position does not fall back again. A specialist pharmacist is being recruited although this had now been advertised twice and remains vacant.</p>	

<p>down. It was his view that the Pharmacy difficulties had particularly impacted on commercial research set-up. The long term trend is, however, still up. CC said that the SMD report looks different as we moved to Worktribe mid-year. In particular we are now capturing partner information the application total is up.</p>	
<p>10. AOB</p> <ul style="list-style-type: none"> • PL said that it would be helpful to engage more GPs in research. This was agreed. • RP said that we needed to keep the Key Metrics document he had previously worked on up-to-date. It would be useful to have this available for use in institutional statements. • ACTION: NG to ensure the Key Metrics document is an Agenda item for discussion at the next meeting. 	NG
<p>11. Next meeting</p> <p>17th September, Charterhouse Square.</p>	
<p>12. Summary of forward Actions</p> <ul style="list-style-type: none"> (i) GL to report to the JCRB in September on use of RCF funding for maternity cover. (ii) SE to circulate information on the next NIHR senior investigators competition as soon as it is announced. (iii) All Institute Directors to contact SE with suggested candidates to apply for NIHR senior investigators. She will then contact those individuals. (iv) NG to invite FS to future JCRB meetings. (v) NG to send MJ the draft Research Misconduct Procedure for review (vi) Once reviewed, NG to proceed to put the draft Research Misconduct Procedure to both QMUL and BH HR Depts and then obtain sign-off by both BH and QMUL. (vii) NG to arrange for RP to meet AS, EO and JM to work through the detail of Pharmacy difficulties, agree on a common understanding of the position and a way forward. (viii) MJ to ensure the Sponsorship Oversight Group minters be updated as per this discussion with HC. (ix) MJ to review the idea of a trend analysis in the Portfolio report. (x) NG to ensure the Key Metrics document is an Agenda item for discussion at the next meeting. 	<p>GL</p> <p>SE</p> <p>Institute Directors/SE</p> <p>NG</p> <p>NG/ MJ</p> <p>NG</p> <p>NG</p> <p>MJ</p> <p>MJ</p> <p>NG</p>