Joint Clinical Research Board

Tuesday 22nd February 2022
MS Teams

Present:

Melissa Anderson (MA)
Sharon Barrett (SHB)
Sven Bunn (SB)
Alistair Chesser (AC)
Coleen Colechin (CC)
Panagiotis Deloukas (PD)
Sharon Ellis (SE)
Stephen Ford (SF)
Ginette Hoare (GH)
Richard Hooper (RH)
Stamatina Iliodramiti (SI)
Sarah Jensen (SJ)
Hermant Kocher (HK)
Nick Lemoine (NL)
Gerry Leonard (GL)
Jo Morgan (JMO)
Neeta Patel (NP)
Rupert Pearse (Chair) (RP)
Mauro Perretti (MP)
Maria Rhodes (MR)
Julie Sanders (JS)
Anju Sahdev (ASA)
Ajay Sinha (AS)
Fiona Walter (FW)

Apologies:

Mark Caulfield
Deanna Gibbs
Nick Good
Shirley Anne Goodey

Agenda Item	Action
1. Minutes and Actions from the last meeting. Rupert Pearse (RP) welcomed everyone. The draft minutes of the last (JCRB) meeting were agreed. RP introduced Stephen Ford to the members. Actions from the last meeting were noted as follows: (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 invited SJ and SB.* (ii) NG to put a further update on the CRF bids on the agenda for the next meeting. *Agenda Item 2 on today's meeting.* (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. *Policies have been approved and are now in process of being reviewed for sign-off by Executive group by March update to be provided at next meeting.* **ACTION**: NG & GL to provide update on policies review. (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 has revised membership list.* (v) RP and NG to discuss arrangements for future meetings. *It was agreed that future meetings will be held on MS teams as more members are able to attend*	**NG & GL**

virtually.	
2. **CRF bids update** RP stated that there has been excellent progress being made and there have been some key appointments into key posts have been made and positive moves with JRMO building governance frameworks. SB gave a presentation and advised that there are three main work streams the project is currently engaged in which are design and planning, business case and grant application to Barts Charity. He presented slides covering the activity in these areas explaining that a number of site visits had taken place including potential commercial partners who may potentially contribute towards some of the funding and there has been a lot of external interest. Final clinical output specifications have been completed. The RIBA stage 2 report has now been completed and is now ready for the next stage of the sign off process. Deadline for final sign off completion by May 2022. Outstanding decision which is still pending is on the location of the CRF. Likely to be 15d on the 15th floor. Decision will be endorsed by both the Chief Executive of the Royal London and Director of Estates and Facilities. Consultants for the business case have been appointed which meet NHS requirements for business case content. Talks are taking place shortly with Barts Charity. Trust board sign off deadline is June 2022. Facility likely to be open in 2024. Need to co-ordinate with Barts 900 and the majority of fundraising activity will take place in 2023. RP thanked SB for the hard work he has contributed to moving this forward. There is lots of with activity of Barts Charity to the fundraising campaign. RP thanked everyone for volunteering for the team of people who will be putting the case forward to Barts Charity. RP advised that an update should be received this month from NIHR on the Clinical Research Facility Infrastructure Grant outcome. NL asked what level of surplus is required for the business plan to be successful. SB advised it is around 20% which can vary as there are substantial costs involved in using the Royal London that need to be recovered. RP said it was great to see so many different groups coming together to support the CRF and hopefully with some good news from the NIHR will allow us to formalise these relationships and build NL asked what input he had for the Laboratory space needed. RP advised that a Senior Lab Manager's from the Blizard is advising on the spec. The laboratories facilities will provide points of care resources to enable samples from patients in a form which will allow it to be transferred to laboratories within QM Blizard or elsewhere within QM. Post-meeting note: The NIHR CRF bid was funded albeit at a lower amount than requested.	

3. Barts Health – Queen Mary clinical research MOU GL advised that there has been no progress and he will chase up. RP explained that Queen Mary and Barts Health have an agreement that allows a substantive employee to of one of the partner organisations can CI trials led by one of the other partner organisations as a sponsor which facilitates a close working relationship between the two. Our research policies preclude us from allowing people who are not a substantive employee by either of the two organisations to be a CI on trials which has caused some problems from important colleagues who may be employed by other members. GL put a memorandum of understanding together that is being taken to UCL Partners that all the members can sign up to. This will allow us within a robust governance framework to open up the opportunities to CI trials to a wider pool of people which will benefit Barts Health and Queen Mary and eliminate difficult situations when people want to work with us. NL advised that there is a timeline and need to be clear who is taking this to UCLP's board. RP advised that the draft MOU which GL has prepared has been circulated to people within UCLP which was well received and now sits with the new Director of UCLP. SHB advised that she has a slot at the next meeting and will suggest it is put on CRN business. **ACTION**: GL to contact Chris Laing the new CEO of UCLP to discuss the BH-QM MOU. Then GL to work with him, QM and BH representatives and SHB to review the MOU. NG to put this item on the Agenda for the next JCRB meeting.	**GL & NG**
4. Research delivery activity discussion GH provided papers which had been distributed to members prior to meeting. She explained that the data shown demonstrates the work of the JRMO new studies coming in and sponsorship approvals and approval of hosted studies. There has been an increase in the number of hosted studies received since the last JCRB meeting. There have been some challenges with staff turnover within the amendments team and this is now more settled and there is a real push through on the backlog of amendments. Data shown is being compared to FY 2019-20 and breakdown is showing an insight on study approvals of areas of hosted studies which are picking up and those that are not. Musculo-skeletal and Surgery do not have the level of new studies coming through. Other areas showing in an increase is Renal and Obstetrics. Cancer and Cardiovascular are maintaining the level of new studies coming through which we were seeing pre pandemic. There has been an increase of new studies coming through from Newham. Recruitment into clinical studies within Barts has reduced significantly compared to pre-pandemic and needs further discussion. RP thanked GH for her update. RP stated that there are huge pressures in the JRMO with the problems around delayed studies. Setting up studies which have been waiting in the queue to restart after the pandemic and the new studies that have been funded on the standard timeframe. Workload in the JRMO is extremely high.	

RP confirmed that patient recruitment was down and wanted to know how we are benchmarked against other organisations. NL said that it reflects the national situation that there is a huge log jam on R&D capacity to be able to process new studies but also the amendments that need to be processed to address the changes to patient pathways. Patient recruitment is between 50-65% of pre pandemic levels across specialities. Work is taking place between representatives of NIHR, R&D community, ADPI, AMRC, HRA, MHRA to see what can be done to facilitate a recovery of key studies if not the whole portfolio. NL stated a case was made to North Thames LCRN to provide administrative support and GH advised that CRN are supporting with administrative in low-risk applications. HK said that this impacts on the funding chain and wondered if internal benchmarks and timelines would help establish realistic estimates or approvals. RP stated that this is a difficult question, but he felt that having an overall average setup performance will not help if your study is lagging behind. The experience is the same as other academic partnerships across the UK. SE said that investments made in systems and additional staffing and hopes that we can do some work on sophisticated metrics. We should be challenging ourselves on how we are performing on particular studies and happy to work with GH. RP asked whether this should be coupled with certain key strategic changes we could make to try to speed things up to set up. SE said we should discuss this further and could look at streamlining. RP asked that those in the meeting that are representing groups of Investigators to cascade the information that this is not unique to JRMO. He said this is a national crisis, teams are working extremely hard, and it is known that we need to raise our game. If anyone needs to escalate issues they should do so in a constructive way; pick up the phone and have a conversation. AS asked about forward planning around capacity when studies get the green light and what the plan is? RP said it will be important to have AS's input into what is planned, moving forward. Also it is important that we realise we have to raise our game in a challenging scenario that the aim is to be better than everyone else rather than to achieve the impossible which is a pre-pandemic level performance with the same resources which is not realistic. GL advised we did get additional resources from the NIHR. One difficulty we have is trying to find the correct skill set of people. General problems we are facing are an accrual of activity of a two-year period and asked if NL knows whether the benefits of the short-term funding we have had will continue into next year. It is in our interest to make sure we get our act in gear as the NIHR may pick projects to remove from the portfolio if they are not viable. We need to concentrate on how we drive recruitment to studies that are already open and ensure that studies we do open have a fair chance of recruiting to their targets. RP said that it is a very difficult point as it means reallocating research nurse resources to studies that are not recruiting to ones that could that we could improve recruiting to. NL stated that conversations are taking place and on how we use our resources most effectively. Discussions are taking place on whether there is a major cull of the portfolio and the criteria on how this might be affected is contentious. Patient pathway changes have	

impacted on recruitment. The CRN Portfolio is large with 8,500 studies which is not sustainable given that there has been no financial uplift since its inception 7 years ago. RP asked SHB how we are doing within North Thames CRN and she advised Barts is not alone. SHB said they are committed to working with R&D at the strategic level and what can they do to support each partnership organisations. RP asked whether there is a value to benchmark with North Thames. SHB said it would be beneficial to review. RP said we need to show we are being as efficient as possible, and we need to show our Investigators that we are doing our best to create an environment that allows them to maximise delivery and we also need to visible at a national level. GL said there is a lot we can do centrally around improving how we do project set-up, but the recruitment of patients is down to PI and its PI's that can tell us how things have changed and how difficult it is. Would it be an idea to send out a message to our PI's population about the importance of recruiting to their studies to get some feedback on what the difficulties are? NL said that research delivery capacity isn't a problem, but there is a long lag before research governance committee approving and support services approving it before we can start recruiting to those studies. RP said that site setup has always been one of the most important issues and should be one of focus. NL asked if the increase in studies at Newham if this mapped to the investments made to new PI's PAs. RP advised that they didn't fund anyone at Newham. The whole scheme needs a refresh along with other things within our workforce. It was agreed that there should be a working group set up to agree areas of activity that need to be which should include RP, GL, SF, CC, GH, SE, and AS. Once group has been established need to engage the Clinical Board Directors of Research. Proposed work streams: • Benchmarking and data so that we understand how we are doing and how we are doing compared to other organisations. • Sponsorship Approval • Site Approval • Consideration of the best way to deploy our research delivery workforce. Plan needs to be run pass key stakeholders to ensure it makes sense to them. **ACTION:** RP and NG to discuss setting up a working group on research activity with membership as noted.	**RP & NG**
5. FMD Clinical Research Infrastructure Board update RP advised that the Faculty of Medicine & Dentistry has put within its new structure a Clinical Research Infrastructure Board (CRIB) which maps to the role of the areas the Clinical Research Directors oversee. It will include Research Delivery Workforce, JRMO, Clinical Trials Unit, Data Core and Clinical Research Facility. A lot of those items sit within the Trust and a lot within FMD and a big element of shared resources.	

There are some real opportunities to improve our effectiveness on how we perform in bringing new research to East London and delivering research to East London. It is currently on ice at the moment and there are plans to expand the Clinical Director R&D team. The CRIB will be chaired by the new Clinical Director of Research role which has yet to be advertised.	
6. A.O.B. **(i) Sponsorship Oversight Group:** minutes were sent out to members prior to this meeting. **(ii) Suggestions for future strategic discussions** RP introduced SE who shared some thoughts on topics the JCRB could look into, including: • How are we taking lessons from Covid and incorporating them into our governance processes? • What are our joint ambitions for enhancing volume and value of the clinical trial work? • Are there areas that we are not working to logistically and do we need to solve there? • Where do we talk about our joint research strategies and where they have interfaces and how that should feed activity going forward? • Is there willingness for some of us to work on that within this group to come back with a proposition on how the group can usefully evolve or change? • Looking at ways we can come together, working through and operationalising and we are clear at what we are committing to, had space for the conversation and we work on things together. RP thanked SE and said that he felt that, as Chair of the JCRB, high-level joint strategy between the two organisations was outside his remit. He said that there hasn't been a forum to officially owns the strategies of both organisations and take responsibilty for how these relate. He reflected that whilst in some ways the Trust and QM are very connected but in other ways very disconnected and it is a frustrating that these disconnections still happen. At a strategic level the principle of the Trust's strategy is basically that whatever is good for the Trust will be good for Queen Mary and will enhance research delivery and new research. That seems to be less well recognised within QM but is important for the Trust is to look outwards at Whipps Cross and Newham as well as our new Partnership with Queens and King George hospital to see how we can support these hospitals to become must more research active than they currently are. These could be the key aspects of a joint strategy discussion. AC said he agreed that there has been a lack of a strategic forum to share thoughts and issues. A strategic joint forum with relevant senior people from both organisations could help drive the research and education shared strategies and working out what we delegate to this group and the education group. He said he fully supports this. MP said that the changes in VP health have delayed the plan but the joint forum will be beneficial. JS said that nurses and AP that the Chief Nursing Officer for England launched a research	

strategy for nurses and midwives in November last year and HE launched an Allied Health Professional research strategy on 26th January. Both the strategies highlighted research as part of business as usual. The panel sits on St Bartholomew's Nursing AHP Research Board and initiatives do have opportunities for the whole of the Trust. Examples of these have been looking at the NIART matched posts for nurses and allied professions looking at how we can do this and getting support for this. Manchester has done this so it will be easier for us to implement it and also the HARP programme. We hope that this will be a really good recruitment and retention focus for nurses and allied professions that we can provide clinical and academic research opportunities perhaps to a different level than other Trust in London can do. RP said it is important we think about multi-professional research teams. The inclusiveness of the research partnership is key to its success. HARP is a fantastic example. Investing in talent is definitely part of what we do. RP said to summarise the research strategy high-level group is the right one to oversee how they intercept. For it to be really successful it needs to be led by the very top of both organisations. RP is happy to work within the group to deliver it. SI said it is very important that we use infrastructure. RP said that there are more exciting opportunities happening between QM and BH as a research partnership than any other University and NHS partnership. The CRF is a huge ambition the Data Core is very substantial. It will make East London a much easier place to do research in the future. This is a good problem to have as the Trust and the University are pushing forward on very ambitious initiatives to grow research activity which is creating a lot of new work and a lot more need for both organisations to work closely together. **ACTION**: SE to meet with MC, MP, AC and RP to look at pulling together a joint research strategy meeting (or meetings). RP suggested an informal meeting, to compare notes, take place before anything formal is arranged.	**SE**
7. Next JCRB meeting: 15th June 2022	
8. Summary of forward Actions (i) NG & GL to provide update on policies review. (ii) GL to contact Chris Laing the new CEO of UCLP to discuss the BH-QM MOU. Then GL to work with him, QM and BH representatives and SHB to review the MOU. NG to put this item on the Agenda for the next JCRB meeting. (iii) RP and NG to discuss setting up a working group on research activity with membership as noted. (iv) SE to meet with MC, MP, AC and RP to look at pulling together a joint research strategy meeting (or meetings).	**GL & NG** **GL & NG** **RP & NG** **SE**

MR

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