

Joint Clinical Research Board

Monday 13th March 2024

MS Teams

Present:

Leanne Aitken (left early)
 Amrita Ahluwalia
 Sharon Barrett (SB)
 Sven Bunn (SB)
 Mark Caulfield
 Alistair Chesser (Chair) (AC)
 Coleen Colechin
 Mary Collins
 Claudia Cooper (CC)
 Lauren Ellis (LE)
 Steve Ford
 Deanna Gibbs
 Hortensia Gimeno
 Nick Good (NG)
 Xavier Griffin
 Ginette Hoare

Mays Jawad (MJ)
 Jamila Kassam
 Bryan Leventis
 Kieran McCafferty
 Anthony Mathur
 Tom Mitchell
 Jo Morgan
 Steven Newhouse
 Rupert Pearse (RP)
 Caspar Ridley (CR)
 Jenny Rivers (JR)
 Manish Saxena (MS)
 Klaus Schmierer (KS)
 Ajay Sinha
 Beth Stuart

Apologies:

Bryony Butland
 Nikos Donos
 Rhian Gabe
 Jamilla Kassam
 Hemant Kocher
 Nick Lemoine

Arunthathi Mahendran
 Neeta Patel
 Mauro Perretti
 Imogen Skene
 Fiona Walter
 Sophie Welch

Agenda Item	Action
<p>1. Minutes and Actions from the last meeting.</p> <p>AC welcomed everyone. The draft minutes of the last meeting in December were agreed and apologies for this meeting noted (as above).</p> <p>Actions from the last meeting were as follows:</p> <ul style="list-style-type: none"> (i) MJ to continue to produce quarterly reporting data for the JCRB, along the lines of the reports submitted to this meeting, subject to any further views expressed. NG confirmed this had happened and a report circulated. (ii) RP will work with NG to review membership of the JCRB before the next meeting in March. NG confirmed this had happened. (iii) NG to establish with RP who would be best to speak about the Academic Centre for Healthy Ageing and place this on the JCRB Agenda for March. 	

<p>LA and CCC were present – agenda item 2.</p> <p>(iv) NG to work with MJ on a report covering the IT issues around the BCI safe haven outage. MJ was present – agenda item 6.</p> <p>(v) NG to liaise with SB and get a report re the Research and Clinical Trials workstream of the Acute Provider Collaborative on the next JCRB agenda. SB was present – agenda item 4.</p>	
<p>2. Academic Centre for Healthy Ageing</p> <p>LE and CC attended to inform JCRB of developments with the new ACHA. A presentation had been circulated in advance. The Centre was formed in February '21 as part of Whipps Cross' redevelopment. It is an opportunity for Queen Mary (QM) to collaborate in a local healthcare partnership. A joint strategy was established in summer '21 and £6.6m has been awarded by Barts Charity. A key driver is the local community's diversity which is an ideal base for clinical research and developing PPI work in both Barts Health (BH) and QM.</p> <p>CC emphasised that the ACHA will link research with the community and this speaks to QM's ambition to foster locally relevant research. Developing the local workforce is vital along with co-location, building relationships and inspiring further collaboration. The structure is still being developed and recruited to, but key corporate posts are in place and a Board established that will report to QM (on an exception basis) and to the Whipps' Cross Site Executive. A soft launch took place in this last quarter, establishing visual identity and presence, full activity begins in the 1st quarter of '24-'25.</p> <p>AC thanked both LE and CC for attending and asked if there were any questions. He wondered if reporting to the JCRB from time to time would be helpful. CC and LE agreed this could be helpful.</p> <p>ACTION: NG and LE to remain in touch about updates regarding the Academic Centre for Healthy Ageing to JCRB as appropriate.</p>	<p>NG/ LE</p>
<p>3. Precision Medicine: Data Core</p> <p>SN delivered a presentation on recent activities regarding the establishment of the Barts data core. The presentation had been pre-circulated.</p> <p>The bid for follow-up funding to Barts Charity in 2023 had been successful and the team has now appointed a partner, PA Consulting, which has experience in providing secure data environments. The new team is reviewing applications for access that relate to both research and non-research (eg, service improvements), it meets monthly and has a 1–2-month turnaround time. A full-service launch is due in Autumn '24 (TBC). That will be based on existing, proven technology fine-tuned to the local specification.</p> <p>AC thanked SN for the update and asked if he needed any senior help, from himself or others. SN said that at present there are no requirements but if this group, or AC specifically, can help he would be in touch. He will be working with the JRMO but relationships have already been established. There will also be an awareness-raising exercise but that too is future work, at the right time.</p>	

<p>KS asked if there is now a clear description of the pathway to obtaining approval available. SN said that the current process is set out on the BLS website - https://bartslifesciences.org/precision-medicine/ - and operates in accordance with agreed JRMO processes, although the information needed depends on the nature of a request. In due course the application process will be online and will be self-tailoring (longer or shorter), depending on the nature of the request.</p> <p>AC suggested SN should return to JCRB in the Autumn.</p> <p>ACTION: NG and SN to liaise and SN to probably return with an update on the Precision Medicine: Data Core for the September JCRB.</p>	SN/ NG
<p>4. Research and Clinical Trials workstream of the Acute Provider Collaborative</p> <p>SB presented an update on the R&CT workstream that falls within this collaboration. It forms part of a programme of collaborative works involving the acute NHS Trusts of northeast London, it does not include primary care. It works within that area's NHS governance structure which oversees workstreams mostly around care and focuses on mutual benefits.</p> <p>The collaborative has been operational for one year and has another three to go at this time. The R&RC group aims to increase the number of clinical trials undertaken in the area and participation across all the Trusts' sites. It is a forum for addressing inequalities and working together to develop overarching strategies that build on existing strengths.</p> <p>It is currently completing an overall strategy development exercise and reviewing Trust priorities. SB said that the challenge is to keep this work going in a busy world.</p> <p>KS said that this was amazing work and asked if, in practical terms, this could be a way to better share staff across all relevant sites or simplify set-up approvals. SBN said that a driver here was not specifically to move resources and there were local sensitivities and legal requirements that will not change easily. JR commented that those issues were part of the ongoing RRDN vision development; we are already opening up access across BH sites but that is only the beginning.</p> <p>MS agreed that supporting all sites, many currently unused to undertaking research, is important. SB agreed that we can do this by supporting and developing the existing infrastructure.</p> <p>AC said that it is always difficult to grow collaboratively and this is important work that builds trust and relationships across our area. He thanked SB for his work and suggested he return with further updates.</p> <p>ACTION: SB and NG to liaise on SB returning to the JCRB to discuss the Research and Clinical Trials workstream in due course.</p>	SB/ NG
<p>5. Barts Health IP update</p> <p>CR opened by presenting a dashboard of the Trust's IP activity that had been developed. He thanked QMI for their help and reported that he and the team are collaborating with QM</p>	

<p>where relevant. Activity is now being tracked and the backlog reduced. The Trust's IP policy is being updated (currently with GEB) and is due for approval in March.</p> <p>An IP strategy is also being developed and may return to the JCRB for discussion. Work also continues on raising awareness around IP issues and comms covering this are being developed. He introduced Tom Mitchell (TM) a fairly recent appointment who is now leading this work.</p> <p>ACTION: CR (TM) to inform NG of any changes to the IP Policy or IP website information so that the JRMO website can be updated accordingly.</p> <p>JR thanked CR for the presentation and wanted to emphasise the close working relationship that's developing between QMI and TM. AC agreed and said that this all feels like solid progress.</p>	CR (TM)/ NG
<p>6. Queen Mary MHRA inspection & BCI network incident</p> <p>MJ reported that the QM MHRA sponsorship oversight inspection had taken place in November with site visits following in February. The detailed MHRA report is expected very soon but from the known high-level response the team is aware of two major findings, around oversight and data, but importantly no critical findings.</p> <p>AC thanked MJ and her team for their hard work on this. There were no questions.</p> <p>On the matter of the BCI network incident, MJ had circulated a report that had been drafted by QM lawyers. The incident concerned had happened on 22nd November '23 and was contained by the next day. All access had to be removed and rebuilt which had caused significant disruption, impacting the safe haven and requiring a reference to the MHRA. There is no evidence of any patient data compromise and all systems were restored, indeed built back better.</p> <p>AC thanked MJ again. There were no questions.</p>	
<p>7. Sponsorship Oversight Group (SOG) minutes</p> <p>MJ asked those present to confirm they had read the circulated SOG minutes. There was no dissent or comments and the SOG minutes were therefore agreed.</p>	
<p>8. A.O.B.</p> <ul style="list-style-type: none"> • International Clinical Trials (ICT) Day call to action – NG spoke to a briefing paper circulated by Neeta Patel (apologies noted) regarding plans for this year's ICT Day: 23rd May. A main event is to be held that afternoon-evening. NG asked that anyone interested in presenting, taking part in some way, setting up local activities or having questions contact Neeta at patientsinresearch.bartshealth@nhs.net with 'ICTD24' in the subject line. 	
<p>9. Next JCRB meeting</p> <p>NG said that the next meeting was arranged for Thursday 6th June.</p>	

10. Summary of Forward Actions	
(i) NG and LE to remain in touch about updates regarding the Academic Centre for Healthy Ageing to JCRB as appropriate.	NG/LE
(ii) NG and SN to liaise and SN to probably return with an update on the Precision Medicine: Data Core for the September JCRB.	NG/SN
(iii) SB and NG to liaise on SB returning to the JCRB to discuss the Research and Clinical Trials workstream in due course.	NG/SB
(iv) CR (TM) to inform NG of any changes to the IP Policy or IP website information so that the JRMO website can be updated accordingly.	CR (TM)/ NG

NG
15th March 2024