

Joint Clinical Research Board

Wednesday 16th June 2021

MS Teams

Members present:

Amrita Ahluwalia (AA)
 Coleen Colechin (CC)
 Sandra Eldridge (SE)
 Rhian Gabe (RG)
 Deanna Gibbs (DG)
 Stamatina Iliodromiti (SI)
 Nick Lemoine (NL)

Gerry Leonard (GL)
 Jo Martin (JM)
 Kieran McCafferty (KM)
 Rupert Pearse (Chair) (RP)
 Mauro Perretti (MP)
 Julie Sanders (JS)
 Ajay Sinha (AS)

In attendance:

Melissa Anderson (MA)
 Stuart Chandler (SC)
 Nick Good (NG)

Mays Jawad (MJ)
 Jo Morgan (JMO)
 Neeta Patel (NP)

Apologies:

Jane Batchelor
 Mark Caulfield
 Sharon Ellis

Steve Thornton
 Tim Warner
 Anthony Warrens

Agenda Item	Action
<p>1. Minutes and Actions from the last meetings</p> <p>Rupert Pearse (RP) welcomed everyone. As there were several new faces he asked people to introduce themselves and they did so. The draft minutes of the last (JRB) meeting in March were approved. Actions from that last meeting were noted as follows:</p> <ul style="list-style-type: none"> (i) Mays Jawad to return to June JCRB with a paper setting out lessons learnt from the pandemic on the research governance front, possibly with actions and proposals. This is covered by Item 5. (ii) Sven Bunn to return to the JCRB or Barts Health Research Board with updates on the Clinical Research Facility proposal as relevant. He to liaise with NG. Noted that this is ongoing. (iii) NG to invite Sharon Barrett to future BHRB meetings. Nick Good confirmed he has done so and she intends to attend that meeting in July with the CRN's Annual Report. 	
<p>1. Pharmacy update</p> <p>RP thanked Stuart Chandler (SC) for attending to give an update on progress. SC thanked RP for this opportunity and made a presentation, the slides for which had already been circulated.</p> <p>The Pharmacy team supports trails across 3 hospital sites: Barts, Royal London and Whipps</p>	

<p>Cross. There had been a history of upheavals in the trials pharmacy service when JC joined. There had been delays, disrupted income flow, bad communications, a lack of space, archiving and leadership. Changes have now taken place at all levels and the service is now delivering the support it should. They work within the new RLH and that is one of the best in-patient trial facilities now. SC has recruited an additional senior post so there are senior managers at both Barts and Royal London. He believes at relationships with research teams are much improved and that the pharmacy presents a 'can do' approach; there are of course still issues but generally, the service is now much more available and responsive.</p> <p>These improvements are born out in feedback in the staff survey and in meetings he has had with pharmacy staff and research teams. A significant backlog has been addressed, including challenges from pharma cos; outstanding invoices are down from thousands to a few hundred. Pharmacy played a key part in delivering C-19 research and they had staff at the Bethnal Green site.</p> <p>Ongoing challenges exist and there is an underlying issue that Barts trains staff who then have no career pathway and so leave. To this end, he is working on pathways and developing staff further, learning lessons from practice elsewhere, focussing on staff retention where possible.</p> <p>There are still some space issues and local issues at Whipps Cross. Also a general inability around the provision of aseptic services that are being worked on with the MHRA.</p> <p>Looking to the future, SC reported that there is to be new infrastructure for ATIMP trails, new governance processes, launching in July, and Pharmacist prescribing is being looked into.</p> <p>RP thanked SC and his team for all their good work which has already made a huge impact for the good. He asked for any questions.</p> <p>Jo Morgan (JMO) thanked SC and asked why there was no mention of a trials pharmacy at Newham and if there plans for that. SC said that in honesty there are no plans. They are aware of an appetite for research there but this is 'chicken and egg'. He said this needs to be something the Trust is prepared to seed fund and he is happy to work with anyone on this.</p> <p>Nick Lemoine (NL) added his thanks and said that pharmacy has now become the helpmate of research that it should always have been.</p> <p>RP suggested he and SC should meet to discuss plans and possible lobbying for improvements, including at Newham, in the context of the Trust research strategy review he is leading.</p> <p>ACTION: RP and SC to meet up and discuss developing research pharmacy provision.</p>	
<p>2. Barts 900 CRF fund-raising campaign</p> <p>RP shared some slides concerning the bid for Barts charity funding for a new Clinical Research Facility. There have been other CRF-related proposals in the past but this new plan has the advantage of an ideal site on the 11th floor of RLH being now available; a site of c2,400 sq meters. The proposal is for £15m: £10m for fit-out and £5m towards operational costs.</p>	<p>RP & SC</p>

<p>The facility will be a major increase in capacity with flexible use, pulling together diverse research across the Trust, enabling more research in all areas, and new areas, and will support the retention and recruitment of greater research expertise. Engaging with patients and improving outcomes is key. The facility will include in-patient beds, labs, pharmacy, clerical space and sample storage. This would be a step-change and the facility's proposed name is the Queen Elizabeth Unit.</p> <p>The business case will be approved in 2022, work could start in 2023, with the unit opening in 2024. RP asked if there were any questions.</p> <p>Ajay Sinha (AS) thanked RP and said this was very exciting. He asked if the plans included child in-patients. RP said that the facility will have single-sex spaces, adding that it was his understanding that child in-patients were already catered for in the Children's CRF at the RLH.</p> <p>RP added that an NIHR CRF call has just been launched (closing in September) and a separate bid for that is being worked on. The existing Children's CRF will be part of that proposal. Overall he does wish to capture paediatric research within both proposals.</p> <p>Stamatina Iliodromiti (SI) said that this is a fantastic bid but asked what the plans were for the under-pinning data infrastructure and filing storage, commenting that there needs to be a single point of contact for data and e-records. RP said that this relates to the data core item on the Agenda (item 3) and said he would address it there.</p> <p>Mauro Peretti (MP) said this was an excellent proposal and it is good to see labs as part of the plans. He agreed that data was something that the University and Trust are working on together at a senior level. RP said that sadly the labs envisaged here would not be as extensive as those originally planned for the Life Sciences building but working together they will be able to deliver full processing and analysis. He said that all facilities would need to support each other and work together to deliver a successful project bid.</p>	
<p>3. Data Core update</p> <p>RP said that data sharing (IM's point, above) remained key to research delivery in many areas. Unfortunately, Sarah Jensen and Sven Bunn had been unable to attend this meeting due to a high priority visit. He suggested that they both attend the next meeting to give a full update on Data Core developments and that the research strategy concerning the data core and data sharing should be reviewed in the meantime.</p> <p>ACTION: 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.</p> <p>ACTION: 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.</p> <p>To address SI's point he said it was his understanding that the Data Core is intended to resolve data-mining issues and improve clear governance arrangements. It will be using Barts Charity funds awarded a while ago but which had been subject to C-19-related delays. Staff were now be recruited and that would enable greater future capacity and attract greater expertise.</p>	<p>NG</p> <p>NG</p>

<p>SI said that consent was a real issue in this area and solutions were needed. RP agreed but said this was an area where legally valid tools were needed as data governance rules are strict. The Core should provide the necessary support and framework for researchers.</p>	
<p>4. Changes to CRN fund allocation</p> <p>Gerry Leonard (GL) reported that since the last meeting CRN support for research had increased, particularly with the support for our vaccine trials centre, and now the Network has announced changes to the way support funding will be awarded. The total amount of funding coming to Barts has gone up slightly and how we distribute it internally will be up to us to agree. Historically the Network used establishment and trial numbers to apportion funding, now we can reconcile various parameters to assess internal distribution. In addition, there will be a general contingency pot and a new type of 'community' (outside hospital) funding stream that relevant research can apply to. He said that overall this is good news as it should both increase funding for our research and enable us to ensure it goes to our agreed research priority areas.</p> <p>SI said that the number of funded research nurses in her area had fallen which was concerning. She asked how this could be turned around and capacity increased. GL said that it is vital that all funding proposals include relevant research nursing support in their project costings. Additionally, he and Jo Morgan are creating a framework to enable applications for local support funding to be assessed and agreed upon where relevant.</p> <p>RP thanked G and said that women's research support is vital and an agreed priority. He suggested that he and GL meet up with SI to explore the concern further.</p> <p>ACTION: NG to arrange a meeting of SI with RP and JRMO re women's research issues.</p> <p>NL welcomed this good news but said there remains an ongoing issue with how an activity is interpreted. In addition to past delivery, it needs to support future plans and that involves an element of trust. He said the best plan is usually to please as many people as possible, but it is never going to please everyone. There was general agreement with this statement.</p>	<p>NG</p>
<p>5. Pandemic recruitment success and research restart progress</p> <p>MJ referred to the report she had submitted in advance and reported that the main headline is probably that C-19 studies are now being processed alongside others, in the usual way, albeit as the highest priority, under ongoing guidance.</p> <p>NL asked about that prioritisation and MJ confirmed that the rules are public (on the JRMO website) and are being followed despite the C-19 committee being disbanded.</p> <p>RP thanked MJ and her team for all their hard work in facilitating research through these difficult days.</p> <p>NL asked how the managed recovery process was being supported locally by the JRMO, given that it is an encouragement from the centre rather than a requirement. He wondered if the priorities being followed were national or local ones. MJ said that restart is being left to PIs according to their abilities and that appears to be working. Where there has been any need for additional resourcing the CRN has been approached.</p>	

<p>NL suggested that there had been concerns that we had not been following central priorities on restart. MJ said that any specific concerns had been worked through with PIs, she did not recognise that the NIHR has concerns or that central priorities are not being followed where relevant. RP agreed that it was not for the JRMO to make things happen if there were not suitable or available PIs or research staff to lead or undertake proposed NIHR ‘priority’ projects.</p>	
<p>6. Joint Policies review update</p> <p>GL briefly said that a full policy review was underway by the JRMO, working with relevant theme stakeholders, and within the next few weeks these would be circulated to Board members and others for comment. The aim is to have new and revised policies in place very early in 2022. There were no questions.</p>	
<p>7. A.O.B.</p> <p>(i) Collaboration with Accellacare – Kieran McCafferty (KM) reported that there had been some initial discussion with this company on how to generate more commercial business. The suggestion is that we imbed their research nurses to increase income streams. Pairing with other NHS Trusts appears to have led to a significant increase in income.</p> <p>NL commented that whilst he is aware of working with Oncacare, it should be considered that these companies exist for their own benefits and, although this can be mutually beneficial, some concern needs to be exercised. RP agreed and said that no long term commitment should be entered into and also we should be very careful to establish who these nurses work for and who is liable for them. He asked to be a party to any detailed discussions.</p> <p>(ii) Nursing and AHP research capacity – Julie Sanders (JS) asked what the plans were for this. RP said that there is a clear statement from the Trust on this and that the strategy is to open up research to all AHPs not just doctors. There have already been various initiatives and we need to build on those. He was also aware that some specialties have taken action, such as Therapies with a clinical academic AHP. Spreading initiatives and co-ordinating these is a piece of work to be done and a view in the autumn is probably appropriate. He suggested that JS talk to Caroline Alexander and work with Deanna Gibbs (DG) and said that having both JS and DG within the JCRB remains very important.</p>	
<p>8. Summary of forward Actions</p> <p>(i) RP and Stuart Chandler to meet up and discuss developing research pharmacy provision.</p> <p>(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.</p> <p>(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.</p>	<p>RP-SC</p> <p>NG</p> <p>NG</p>

(iv) NG to arrange a meeting of Stamatina Iliodromiti with RP and JRMO re women's health research support issues.	NG
9. Next meeting: 13 th October 2021	

NG
21st June 2021