Joint Clinical Research Board

Monday 19th September 2016
Room 1.32, Garrod Building, Whitechapel

Present: Sally Burtles (SB), Alistair Chesser (AC), Nick Croft (NC), Graham Hitman (GH), Jo Martin (JM), Gerry Leonard (GL), Nick Lemoine (NL), Steve Thornton - Chair (ST).

By telephone: Jack Cuzick (JC), Costantino Pitzalis (CP), Steffen Petersen (SP), Shakila Thangaratinam (STh)

In attendance: Paul Astin (PA), Elizabeth Clough (EC), Nick Good (NG), James Lyddiard (JL), Jo Morgan (JMO), Neeta Patel (NP)

Apologies: Coleen Colechin, Mike Curtis, Sandra Eldridge, Deanna Gibbs, Khalid Khan, Mauro Perretti, Anju Sahdev, Peter Sasieni.

Agenda Item	Action
1. Minutes and actions from the last meeting ST opened the meeting. The minutes were agreed and actions are up to date. The risk register is tabled at this meeting for review.	
2. Trial portfolio EC presented a paper proposing a model of future research portfolio reporting. She explained that this list is of studies which need some kind of permission, not just clinical or drugs trials. This is a first attempt to present our portfolio to JCRB and gives us a new overview of both our commercial and non-commercial research. ST asked what perceived need would this report address. SB said that something along these lines had been asked for by the T&F Group. JM explained that there is a need to understand what our portfolio "offer" is. The JCRB, CAGs and Institutes would then be in a position to review whether we have the right balance and that would inform strategy. NL said that it would be helpful to have this information in a comparative form (with other Trusts). ***Action***: JL agreed to look into available comparative data across the LCRN.	**JL**

JL commented that NIHR league tables go live in October and the good news is that Barts is leading on commercial research and much improved in other areas. Growing or adopting more studies in areas such as co-morbidities and other areas identified by NIHR. That should be factored into strategy. NL said that there are concerns with staffing at some sites that will have an impact. JM said that staffing issues are due to site use of funding which are being addressed. GL said that as a group we need to have an active role in ensuring the distribution of funds through CAGs and not to sites. Barts site is resolving its issues but there is a general point around research funding distribution. ***Action***: NL, JM and JMO will discuss the site/ staff funding issue offline. GH asked whether areas of work in the report could be drilled down into; eg, "public health" research. EC explained that we have to work within existing categories or go down to particular identified studies. JC asked whether the comparative size of studies could be identified and also whether portfolio versus non-portfolio studies could be identified. EC said that the data can be presented however it is needed. ***Action***: EC and JC to discuss data offline.	**NL, JM and JMO** **EC and JC**
3. Study metrics GL said that this paper had been produced to review possible financial metrics that could be produced for JCRB. It also highlights the kind of data that can be produced for researchers on individual studies or groups of studies. He did explain however that it takes time to produce this data as the systems the JRMO operates are limited. ST said this was helpful but asked again what perceived need this report addressed. JM said that there was a need for a coherent approach towards research in the Trust and SMD. Barts Health's Board wants Table 1, which may have to be broken down into sites going forward. SB said that the JRMO is trying to map research to both CAGs and Institutes. It is all potentially configurable but requires work to do. STh (Shakila) said that moving to a site model would be regressive in terms of Women's' Health which has benefitted from a Trust-wide approach to research. ***Action***: JL to investigate whether attributes of our research can be reported on both CAG and Site basis. He thought that it could be done, going forward, on new studies, but complexity and realism re existing new studies needs to be reviewed.	**JL**

CP said that there are issues re implementing a unified strategy. It is much easier to manage approval centrally – fragmentation down to sites will cause monitoring problems and work against efforts to develop a coherent Trust-wide "offer". STh said she strongly agreed with CP. JM said that one way forward might be greater CAG representation within sites, working with site leads to grow local research. That needs to be a facilitatory role. AC said that whilst CAGs should lead on research strategy Sites are now the budget holders. ***Action***: JM will bring proposals to the next JCRB (which she will be chairing) regarding the weighting of responsibilities, Sites vs CAGs.	**JM**
4. LCRN update JL had circulated a paper of Q1 data. Barts is doing well to targets; we are comparing favourably to our regional competitors but need to focus on specific areas (red in the report). JMO said that none of this was a surprise and we are focussing on the areas identified. JL said that Investigator data will be produced in the future. This is essential as money is following activity. There will also shortly be a contingency funding call which can be used for in year expenditure for the delivery of NIHR studies. The JRMO should respond to the call, not individual researchers, as a co-ordinated response is needed. GL said that allocations do not seem to reflect BH growth. JL said that the budget reflect current workloads not performance per se. That then has to be averaged out to estimate growth potential and other related factors. Barts' funding is up 17%. GL said yes, but we have seen a 38% growth in recruitment. SB asked whether there could be greater transparency in the means of calculating allocations.	
5. Risks register NG explained that what had been circulated was an excerpt from the Trust risk register and the QMUL research-related corporate risks. These are rather different things as the two organisations have a different risk framework and maintain registers for rather different purposes. Following discussion it was agreed that NG should reinstate the recently closed risk re Peer review and create a new risk around Imaging. ***Action***: JMO to send NG text re the Imaging risk	**JMO & NG**

Action: NG to update the Trust's risk register as above.	
6. Regulatory compliance SB spoke to a paper on issues from the Sponsor Oversight Group that had been circulated. It has become very clear that the governance auditor was being very useful in escalating issues to RDs. It is clear that a lack of attention to detail is the most common problem. JM asked if reports could also be sent to site directors. There was discussion around this and concerns were expressed about the amount of detail and its relevance to sites. AC said that this could perhaps be best considered offline. ***Action***: JM and AC to discuss site compliance reporting. NL queried the wording re a Polypill report. ***Action***: SB to revise the wording in the report. Finally, EC reported that we had still not been notified of any MHRA inspections but these are imminent for both Labs and re GCP.	**JM & AC** **SB**
7. Reporting to JCRB SB presented her short paper. The T&F Implementation Group has indicated that Institutes, CAGs, CTUs and JRMO all need to report to JCRB in a coherent way. This could be done in various ways but the JCRB's views are needed. Practicalities are important. NL and GH both considered that there are significant resource issues to producing reports on their Institute/ CAG to JCRB. JM queries whether exception reporting might be the way forward. NL suggested that the minutes of various research governance group or oversight meetings in CAGs, Institutes and CTUs could be submitted and circulated. It was agreed that this would be best way forward in the first instance. ***Action***: CAGs, Institutes and CTUs to send their board meeting notes to NG. NG will then make these available to JCRB members.	**Research Directors & NG**
8. Task and finish Implementation Group SB gave a summary of the workings. Key issue is getting the JCRB's ToRs approved. These were agreed by JCRB. AC noted one change: in "reporting" on the Trust side it should be to the 'Clinical Academic Strategy Board' rather than 'TME'. ***Action***: NG to make the above change.	**NG**

Action: NG to send JCRB ToRs to Trust and QMUL for ratification.	**NG**
9. AOB: NP reported that following the success of ICT Day this year planning was already underway for ICT Day 2017. The date for dairies is 24th May. The aim will be to focus on patient voices and building up video stories as part of the legacy.	
10. Next meeting: 19th December at BCI, Charterhouse.	

NG
22nd September 2016