Joint Clinical Research Board

Monday 20th March 2017
Room 1.32 Garrod Building, Whitechapel

Present: Sally Burtles (SB), Nick Croft (NC), Mike Curtis (MC), Sandra Eldridge (SE), Deanna Gibbs DG), Nick Lemoine (NL), Gerry Leonard (GL), Jo Martin (JM), Jonathan Morgan (JMO), Mauro Perretti (MP), Costantino Pitzalis, Anju Sahdev (AS), Steve Thornton (ST) (Chair), Tim Warner (TW)

By telephone: Jack Cuzick (JC), Peter Sasieni (PS), Shakila Thangaratinam (ST), Rakesh Uppal (RU)

In attendance: Sven Bunn (SBU), Lyn Chitty (LC), Elizabeth Clough (EC), Nick Good (NG), Jo Morgan (JMR), Neeta Patel (NP)

Apologies: Alistair Chesser, Steffen Petersen, Bill Spence

Agenda Item	Action
1. Minutes and actions from the last meeting Steve Thornton (ST) opened the meeting. The minutes of the December meeting were agreed. The following actions were addressed: • Sharon Barrett had agreed to take up a James Lyddiard action to look into available comparative data across the LCRN. Lyn Chitty (LC), attending for CRN, said that this data had been provided. The Action was therefore closed. • In relation to reporting to JCRB by CAGs and Institutes. Mike Curtis (MC) and Jo Martin (JM) were to raise this issue at VP-RAG They reported that it had been raised, and through Trust channels too. There was discussion of this matter later (see 4 and 5 below) • Nick Good (NG) to circulate reports gathered together, prior to next JCRB, via email. This was linked to the above. No reports had been supplied so there had been nothing to circulate. • Any additional comments on Trial Portfolio Report to Elizabeth Clough (EC). None were sent. • EC to prepare on Trial Portfolio report again for the June 2017 JRCB. ***Action***: NG to include this on the June JCRB Agenda. • CRF planning to feature in next JCRB Agenda (NG). It was on the Agenda – see 8 below.	

- A review of CAG and Institute compliance with recommendations, including reporting to JCRB, would be undertaken by JRMO in autumn 2017 and brought to the December 2017 meeting for consideration.

  Action: NG and Sally Burtles (SB) to ensure this is actioned in due course and appears on December JCRB Agenda.

- Nick Croft (NC) was to send a draft proposal for a Barts Charity bid to Khalid Khan and JM for review before submitting to the Charity. NC reported that for various reasons the bid had yet to be constructed or submitted.

2. Life Sciences update

ST said that in Bill Spence's absence he and Sven Bunn (SBU) would update the JCRB; he from a QM perspective, and SB from the Trust perspective.

ST said that the whole development is very encouraging and pulls together both QM, the local population, local, London and national Government, charity sector and commercial input. New partnerships have formed, alongside existing ones, with a focus developing our on world-leading clinical areas alongside growth in other areas. This builds on, eg, genomics work and cuts across expertise and skills of all partners.

SBU had circulated a slide set. He highlighted that the plans benefit the local population both clinically and economically, bringing up to £12m of regeneration funding and 10k new jobs to the area. There will be a Skills Academy creating c150 apprentices each year (700+ in total) as well as local environment greening.

Rakesh Uppal said that this is a key objective for the Trust, working with QM and local Government partners.

SB asked what he engagement plan for this was. SBU said that stakeholder engagement would be the next step, once the land ownership issue was sorted. Subject to that, public engagement and involvement should begin late summer.

ST said that the link between Trust and QMUL is the key and any discussions will be joint, QM and Trust, with third parties.

Nick Lemoine (NL) asked whether this was an 'all or nothing' proposal or whether parts of it could proceed alone. ST said that it could proceed, in large part, based on existing expertise. He confirmed that the vision and concept of Life Sciences is key to the Trust and QMUL's joint vision for the future.

NC asked whether this includes patients. ST said it would in both a hospital and CTU context. They agreed to discuss offline paediatric patients (Children's Clinical Research Facility).

There was further discussion about land use in the area. ST said he thought that the Local Authority would favour Barts and QMUL as key local job creators over, eg, hotel developers.

3. RCF Distribution

ST said that Gerry Leonard (GL) had prepared a paper, circulated, setting out a number of proposals to make most effective use possible of this year Research Capability Funding (RCF). These included options to top slice allocations for primary care research, to support maternity leave by researchers and to support clinical support services (CSS).

JM said that Primary Care (PC) is a key issue this year. Sandra Eldridge added that although it appeared greater this year than previously and would statistically reduce next year it would not go away altogether. Amongst other things, she was about to become an NIHR Senior Investigator and her funding would be badged as PC.

ST proposed that PC be badged as ECAM. GL said that was factually correct for the time being, although there had been 3 reorganisations of specialisms since 2012 and PC had moved around. It was agreed that if PC fell within ECAM then ECAM would receive a proportionate amount and it would be up to ECAM to consider PC within the context of its other funding calls. JM agreed and said that any need for RCF funding would be subject to a business case that Costantino Pitzalis (CP) and his Board would consider in due course.

NL said that badged Senior Investigator funds should be distributed directly, that was Department of Health policy.

The group moved on to the issue of supporting maternity cover. NL asked if the proposed £100k would cover the annual bill. GL said no but it was a useful way of cushioning the blow for smaller CAGs who have less scope for planning in this area.

ST asked for clarification that, even with this support, CAGs would then still have to cover some maternity leave. JM said that covering maternity leave is a legitimate use of RCF. CP said that CAGs should deal with this themselves; that is how he would rather operate.

There was a consensus that this was the best approach, although ST suggested that data be kept so that this can be reviewed later in the year if there was felt to be a need.

Re top-slicing for CSS. Anju Sahdev (AS) outlined the needs this could help with. There has been an increased burden on QA and oversight which assists all sorts of trials in all CAG areas re imaging, labs, and pharmacy. To support all types of new research the amount of dedicated research support in CSS (currently less that 1 FTE). AS and GL have arrived at an estimate for what is needed. The group felt this was a useful and strategic use of RCF.

ST summarised that the JCRB had agreed that:

(i) RCF for 2017/18 will be distributed according to the current model.
(ii) There will be no top-slice of RCF for PC. The allocation of ECAM RCF (including PC) was an internal matter for the CAG.
(iii) There should not be top-slicing to cover cross-CAG maternity leave, it would be a matter for each CAG how they will finance maternity leave costs, given that there are no central R&D funds to cover this expense.
(iv) There should be a top-sliced allocation to CSS as indicated in GL's paper.

ST suggested that there should be a discussion at the next JCRB on overheads.

Action: GL to prepare a paper for the next JCRB (June) on our overhead policy and principles.	**GL**
4. Reporting to JCRB Following on from comments on the actions from the last meeting (above) ST initiated a discussion on how Institutes, CAGs and CTUs might best report to the JCRB. There remain concerns, previously expressed, that the present arrangements are insufficient to capture and give assurance about local oversight. However, equally, there are concerns that reporting by CAGs and Institutes should not be a burden. Mike Curtis (MC) said that the Task and Finish group had thought there should be improved oversight and following this up was one of its actions. ST proposed that the existing arrangement should continue and be reviewed in the Autumn. This links to 5 below, re Task and Finish Group recommendation implementation.	
5. Task and Finish Implementation report MC said that a paper prepared by SB had been circulated setting out the actions of the Task and Finish Group. This will be followed-up shortly by a letter to all CAGs and Institutes from MC and JM. The letter includes a reminder re reporting to JCRB (see 4 above). ***Action***: MC and JM to agree a joint communication on outcomes and to send this round to CAG, Institute and CTU Directors as soon as possible. MC said that the new Joint Clinical Director Job Description (JD) was being discussed at QMSE that week. On the Trust side JM confirmed that she and Alistair Chesser needed to agree the details of the new JD, although she clarified that this does not involve additional funding (it will re-use the existing Clinical Director funding).	**MC & JM**
6. Research misconduct policy SB said that a paper setting out the background to the new policy had been circulated. This represented long-term discussions between the Trust and QMUL HR Depts and a need to have a joint procedure on research misconduct. The principles are now agreed and this will go to the Trust Board and Senate in the near future. ***Action***: Any views on matters arising from the proposed Research Misconduct Policy, including points of detail, to SB as soon as possible.	**All**
7. Sponsor oversight Group and JRMO report SB said that the JRMO report circulated is self-explanatory. There has still been no notification of a next MHRA GCP inspection but it is almost 3 years since our last one so it is to be expected. One matter to highlights is that our sponsorship processes are being reviewed by external people. Re the recent Sponsor oversight meeting 2 matters arising:	

(i) The research pharmacy will be homeless from next year. (ii) We have had a Freedom of Information request regarding our policy for registering trials publically and asking us to name researchers who have not so registered their trials. This is work in progress.	
8. CRF development GL said that we are still working on securing sufficient space. That is nearing an end then and at that point the design work will take place. The team know what they want and the plan remains to have the new CRF fully operational on 11th floor RLH from October 2017. Maura Perretti (MP) suggested that, on a related matter, it would be useful to bring all the various disparate research facility stakeholders together again to see if we can make better use of the various facilities we have across sites. The group thought this could only be a good idea. ***Action*:** A meeting of stakeholders to discuss best use of existing clinical facilities would be arranged.	**SB**
9. LCRN report LC attended for CRN. A paper of CRN performance and in particular local accrual etc had been circulated. LC said that the Network continues to perform well. However the total allocation from NIHR was down by half a million pounds from last year. The Network will be focussing on recruitment and will continue to review vacant post funding requests. Time to target remains a major priority and CRN team are working with JRMO on this. LC confirmed that James Lyddiard had now left CRN:NT so a new COO would be appointed. The use of EDGE, by researchers to record accrual, remains of concern. The Network will be looking to take more stringent actions to ensure EDGE is used. Elizabeth Clough (EC) and Jo Morgan (JMR) said that EDGE omissions are generally one-off project and compliance is generally proceeding well. It would be unfair to penalise those who are working as requested on a Trust-wide basis. How would that incentivise anyone to use EDGE? NL agreed that incentives should be used, rather than punishments. LC said that all options to improve the use of EDGE will be considered, but it must be used.	
10. Study metrics GL said that the metrics paper circulated shows the Trust is on target for year end in April. LC said that all accrual data must be inputted by the end of April for it to count towards 2018-19 NIHR Network funding.	
11. A.O.B. (i) JM reported that 2 new part-time nursing Reader posts were to be announced	

shortly. These were part of a joint project with the University of Greenwich. (ii) AS suggested that Risks be tabled for review at the next meeting. **Action**: NG to add Strategic R&D Risks to the Agenda for the next meeting.	**NG**
12. Next meeting 19th June (BCI, Charterhouse Square).	

NG
24th March 2017