

## Joint Clinical Research Board

Wednesday 28<sup>th</sup> September 2022

MS Teams

**Present:**

Melissa Anderson  
 Sharon Barrett (SB)  
 Karim Brohi  
 Mark Caulfield (MC)  
 Alistair Chesser (AC) - Chair  
 Coleen Colechin (CC)  
 Panagiotis Deloukas  
 Nikolaos Donos  
 Steve Ford  
 Rhian Gabe  
 Xavier Griffin  
 Nick Good (NG)  
 Ginette Hoare  
 Stamatina Iliodromiti (SI)  
 Mays Jawad

Gerry Leonard (GL)  
 Kieran McCafferty (KM)  
 Vickie McDonald (VM)  
 Jo Martin (JM)  
 Steven Newhouse (SN)  
 Neeta Patel (NP)  
 James Patterson (JP)  
 Mauro Perretti (MP)  
 Anju Sahdev (AS1)  
 Julie Sanders (JS)  
 Manish Saxena (MS)  
 Klaus Schmierer (KS)  
 Ajay Sinha (AS2)  
 Imogen Skene (IS)

**Apologies:**

William Ajala  
 Sharon Ellis  
 Deanna Gibbs  
 Richard Hooper  
 Stephen Kelly (SK)  
 Nick Lemoine

Aranthali Mohendran  
 Jo Morgan  
 Rupert Pearse (RP)  
 Fiona Walker  
 Sophie Welsh (SW)

Agenda Item	Action
<p><b>1. Minutes and Actions from the last meeting.</b></p> <p>AC welcomed everyone. The draft minutes of the last meeting in June were agreed and apologies noted. Actions from the last meeting were noted as follows:</p> <p>(i) NG to inform CC of JM’s offer to speak to someone in Queen Mary about the Joint Policies.</p> <p>CC reported that the Joint Policies set had been passed by RIB in June and were now due to go to Queen Mary’s SET at the earliest opportunity, subject to the pressure of work. The only outstanding issue is the update of the Research Misconduct Policy that JCRB will hear about later.</p> <p><b>ACTION:</b> CC to keep NG updated on progress of the Joint Policies so that records can be updated as soon as possible.</p> <p>(ii) NG to work with RP and others to set up a meeting to discuss the Barts Health strategy for a new CRN bid.</p>	<p><b>CC</b></p>

<p>NG reported that meetings took place and the GL is covering this in an update today to the JCRB.</p> <p>(iii) NG to adjust planned JCRB meeting times: Cancelling future BHRD meetings and reissuing quarterly JCRB appointments at times suitable for AC and/or MC.</p> <p>NG reported that meetings have been rearranged accordingly and will take place quarterly now, on December 1<sup>st</sup>, March 7<sup>th</sup>, and June 7<sup>th</sup> 2023.</p>	
<p><b>2. Introduction to new Deputy Directors of Clinical Research</b></p> <p>As RP had sent his apologies, GL introduced the new team of Deputy Clinical Directors, saying that these appointments represent a real change to the interfaces around research. A paper summarising the changes had been circulated and related internal comms by both the Trust and University were ongoing. GL introduced the team and, where present, they spoke and introduced themselves: KS, MS, VM and IS. Apologies were noted for SK and SW.</p> <p>GL concluded by saying that the JRMO team is looking forward to working with the new DCDs</p> <p>AC welcomed the new people and said that this represents a step-change in the provision of support infrastructure for our research. This should help support how future collaboration across NE London could work, providing leadership across the region and within Barts Health sites.</p> <p>AS congratulated the new recruits but asked AC if there is a plan to increase the Trust's research imaging capacity.</p> <p>AC said that AS was right to raise this, and that imaging capacity does need to increase. He hoped that this new leadership may be able to focus on solutions around this as part of its new work programme.</p>	
<p><b>3. Precision Medicine/ data core update</b></p> <p>AC welcome SN back to give an update to the JCRB on progress.</p> <p>SN delivered a presentation updating JCRB on the Precision Medicine project. He began by saying that this is part of a programme Barts Charity has agreed to part-fund. The presentation focussed on work in hand and preparation for the build-out of the platform. Workflows have now been analysed and an overview of how data is reviewed and prepared, developed. This can form the basis for future extensions of data sources.</p> <p>The next phase will be Part 1B, over the next 4 years, to build out a cloud-based platform. There will be an increasing focus on PPIE and building a user community within Barts Life Sciences (BLS) and providing operational support to those users. The ambition is to provide a secure environment within which users can develop the portal further.</p> <p>AC thanked SN and said that this was an exciting development.</p>	

<p>MC said that we need to be aware that alongside the opportunities there are risks. Firstly, a London-wide strategy to develop a common data storage environment is in hand. We may need to work with that and take a view on what we store and manage expectations for both locally and centrally stored data. There are also decisions to be made about how much data we enter into projects; whatever platform we go with we need to be clear about how it interacts with other bodies' data and how we federate with others. It is vital to get as many named players involved, as externals are often more aware of and are likely to challenge matters around the information that should be included.</p> <p>SN said that he agrees with the complexity of data being held at the local, regional or national level. The landscape is complex, but we will still need a local information source as that will be the richest.</p> <p>AC thanked SN and MC and asked that SN return with further updates in due course.</p> <p><b>ACTION:</b> NG to circulate a copy of SN's presentation on the Precision Medicine project.</p>	<p><b>NG</b></p>
<p><b>4. Research Misconduct Policy</b></p> <p>AC thanked JP for circulating a draft policy and said that it is good to see this work progressing.</p> <p>JP thanked AC and explained that he had taken this work on, initially from a Queen Mary perspective as that was where issues in the existing policy had been raised. JP explained that benchmarking work had been undertaken before the policy as drafted. He set out how the policy is designed to work, interacting with the relevant organisation's substantive HR policies for Grievance Resolution, Disciplinary and Whistleblowing. He acknowledged that there will be local differences between the ways the Trust and University implement the policy and that some roles are the same but have different names.</p> <p>MP thanked JP and said that FMD was fully behind this work and the new policy.</p> <p>JP thanked MP for that support and said he was working closely with Jonathan Grigg the new Deputy Dean for Research Integrity.</p> <p>NG said that, subject to any further views, this policy was due to go to the Trust's HR Policy committee in early October and thence to the Trust Policy Committee for sign-off hopefully also (later) in October.</p> <p>AC thanked JP for his work on this and looked forward to seeing the policy implemented.</p> <p><b>ACTION:</b> NG to continue to assist JP in progressing the Research Misconduct policy through the Trust's approval structure.</p>	<p><b>NG</b></p>
<p><b>5. CRF progress</b></p> <p>AC introduced KM who had recently been appointed Director of the Trust's Clinical Research Facility (CRF). KM said he was delighted to have been appointed as Director and made a short presentation on plans and timelines for the CRF.</p>	

A strategy has been developed to increase both capacity and capabilities, engage with the community and unify the various disparate groups (currently the CRF is multi-site and multi-functional) around the new CRF site in the Royal London.

Part of the development will see a widening of the disease groups using the facilities and in addition improving equity of access is a priority. This will see increased interactions with the Precision Medicine data core and growth in commercial research.

KM explained the governance structure for the CRF and said that some key posts are still to be filled as the unit grows over the forthcoming months and years. The CRF's financial model is to become self-sustaining in 5 years' time; in the meantime, years 1-3 it will be 100% supported by grant funding, then 50% supported for years 4-5. New staff will be phased in as activity builds and NIHR infrastructure funding will pay for some of those staff.

KM and the team are in discussions with commercial partners, and they are hoping for a favourable Charity funding decision in January '23 with the new CRF going live in full in mid-2024.

AC thanked KM and asked if there was anything he needed from himself or others in the senior team.

KM said that over the next year all sorts of help will be needed, and he will be in touch. Similarly, he is very happy to work with others on their ideas.

AS2 thanked KM for this update and congratulated him on his appointment. He hoped that the new facility would work with the existing Children's Research Facility and be available for paediatric research.

KM said that he was very keen to work with the Children's Research team which he noted punches above its weight. There are, he noted, issues about having children and adult research taking place in a facility at the same time, but the team is keen to work to overcome that wherever possible.

AC recognised that as a challenge, but it is good to see it can be worked on.

JS thanked KM and said she would welcome having an increased associate researcher capacity to enable more NMAHP researchers to come forward.

KM said that this is an opportunity to grow talent and develop careers and he is keen to work through those sorts of ideas wherever possible.

MS said that it would be useful to explore how commercial funding might support ongoing roles, rather than have those dependent on individual studies.

KM agreed that was an important aim and stressed that he was open to working with anyone, in all the clinical areas. He looked forward to returning to the JCRB with further updates in the future.

**6. BHRUT Research Collaboration update**

AC thanked KM and welcomed NP who had been asked to give an update on important work that is ongoing to develop research at BHRUT and Homerton NHS Trusts.

NP thanked AC and said the research work fits within the wider plan for Bart co-operation with BHRUT and now Homerton that can be found on the Trust website:  
<https://www.bartshealth.nhs.uk/download.cfm?ver=34709>

The whole plan is designed to create efficiencies, share knowledge and academic links and generally improve access and options for patients at BHRUT and Homerton hospitals.

In early September a workshop was held at Queens Hospital and NP thanked everyone who had taken part and supported it in the wider sense; it had been an open and honest discussion. That discussion included ideas around moving towards more generic research support posts, that can be deployed across sites and disciplines where needed, is something that could be a clearly useful development. Setting up a buddying programme, including NMAHPs, should also enable dormant research areas to grow and develop.

Workstream leads are going to be appointed and further communications are ongoing all with the aim of improving connections and interworking

AC thanks NP and said that he had received some very positive feedback from the workshop. He found it inspiring that there is so much enthusiasm for working together. Whilst there are risks there are also opportunities.

There were no questions, but AC said he looked forward to further updates in the future.

**7. NIHR CRN restructuring (RRDNs)**

GL had circulated an NIHR paper outlining the plans to restructure CRNs as Regional Research Delivery Networks (RRDNs). He said that most people were now aware this was happening, but the reorganisation would mean that our RRDN would now be NHS North London Network (London now splits simply north and south), and so areas of Essex currently covered by CRN North Thames would move to the Eastern Network. Our region would combine what will be left of NE London and the current London NW network. The paper circulated includes a map of all the new RRDNs.

GL said that the process for selecting a new Network Host had been published and might include a bid from Imperial as well as Barts Health and others may also bid. Barts has submitted an initial expression of interest and is talking to our existing partners to seek their support for our bid and will be talking to colleagues in the NW to see how we might, in partnership, manage the bidding process. This is challenging but exciting work and GL promised to provide further updates as necessary, not just to the next JCRB. The full application is due to be submitted in December then there will be interviews in the New Year.

AC thanks GL and asked if SB would like to add anything from the Network's perspective.

SB said that her team is keen to support the host organisation, Barts, but has nothing further to add at this stage.

<p>AC said that Barts has enjoyed hosting the Network and we are lucky to have developed such a good relationship with the team there, led by SB. He acknowledged that this is bound to be disruptive but hoped it would have a positive outcome in the end, consistent with the NIHR's vision for the new RRDNs.</p> <p><b>ACTION:</b> NG to put the CRN restructuring (RRDNs) back on the agenda for the next JCRB.</p>	<p><b>NG</b></p>
<p><b>8. A.O.B.</b></p> <p>(i) JM said that she had circulated a list of academic fellows for information.</p> <p>(ii) NP said that October was Black History Month at Barts Health and this year there is going to be a focus on research. Details will appear on WeShare, screens throughout the Trust and the Trust's website.</p> <p>(iii) SI asked what was being done to address ongoing challenges around funding research fellows in the Trust.</p> <p>MC said that he was working to develop a common QM-BH approach that would include buying out time to support people working in research, building on BRC and other partnerships, maximising the opportunities for all to take part in research-supporting activities (including at BHRUT). If the principles are agreed they could then move onto the details.</p> <p>AC said he recognised this was challenging and was very happy to work with MC to make this happen across the organisations.</p> <p>There was no further business, so AC thanked everyone for attending and noted that the next meeting was due to take place on 1<sup>st</sup> December.</p>	
<p><b>9. Next JCRB meeting:</b> 1<sup>st</sup> December 2022</p>	
<p><b>10. Summary of forward Actions</b></p> <p>(i) CC to keep NG updated on progress of the Joint Policies so that records can be updated as soon as possible.</p> <p>(ii) NG to circulate a copy of SN's presentation on the Precision Medicine project.</p> <p>(iii) NG to continue to assist JP in progressing the Research Misconduct policy through the Trust's approval structure.</p> <p>(iv) NG to put the CRN restructuring (RRDNs) back on the agenda for the next JCRB.</p>	<p><b>CC</b></p> <p><b>NG</b></p> <p><b>NG</b></p> <p><b>NG</b></p>