

## Joint Clinical Research Board

### Thursday 26<sup>th</sup> September 2024 - MS Teams

**Present:**

Jackie Buck  
 Bryony Butland  
 Alistair Chesser (AC)  
 Mark Caulfield (MC)  
 Coleen Colechin (CC)  
 Panos Deloukas  
 Lauren Ellis (LE)  
 Steve Ford  
 Nick Good (NG)  
 Xavier Griffin  
 Ginette Hoare  
 Jojo Ip (JI)  
 Mays Jawad (MJ)  
 Jamila Kassam

Kieran McCafferty (KM)  
 Anthony Mathur  
 Thomas Mitchell  
 Jo Morgan (JM)  
 Steven Newhouse (SN)  
 Rupert Pearse (RP) (Chair)  
 Jenny Rivers (JR)  
 Manish Saxena  
 Klaus Schmierer  
 Ajay Sinha (AS)  
 Imogen Skene  
 Beth Stuart  
 Sophie Welch

**Apologies:**

Leanne Aitken  
 Sharon Barrett (SB)  
 Sven Bunn  
 Mary Collins  
 Hermant Kocher  
 Bryan Levintis

Arunthathi Mehandran  
 Neeta Patel  
 Casper Ridley  
 Fiona Walter  
 David Wheeler

Agenda Item	Action
<p><b>1. Minutes and Actions from the last meeting.</b></p> <p>RP opened the meeting and apologised on behalf of MC who was due to chair but was involved as chair of another meeting. RP said that MC would join as soon as possible, and in the meantime, he would begin. The draft minutes of the last meeting in June were agreed and apologies for this meeting noted (as above). Actions from the previous meeting were as follows:</p> <ul style="list-style-type: none"> <li>(i) RP to liaise with JCRB members and prepare a revised membership list to present at the next meeting. See item 2 below.</li> <li>(ii) MJ to liaise with Institute Directors on how to better support them with MHRA requests for disclaimers to be added in publications and how the JRMO has oversight on publications. MJ reported that so far no one else has published a publication policy, but she has had discussions and work is ongoing.</li> </ul> <p><b>ACTION</b> to be rolled over to the December meeting: MJ to liaise with Institute Directors on how to better support them with MHRA requests for disclaimers to be added in publications and how the JRMO has oversight on publications.</p>	<p><b>MJ</b></p>

<p>(iii) JM to continue to provide updates on the progress of the CRF. See item 6 below.</p>	
<p><b>1. JCRB membership</b></p> <p>RP reported that he was undertaking a ‘spring clean’ of JCRB membership to ensure that those attending did so as representatives as parts of the Trust or University research infrastructure. As part of this work, he is looking into how University institutes are represented, whether at the Institute or R&amp;D Director level and how Trust sites are represented too. As a rule, membership should be on by virtue of their office.</p> <p>There was broad agreement with this approach.</p> <p><b>ACTION:</b> RP to get in touch with current JCRB members to ensure nothing or no one is missed out before implementing any changes to the membership.</p>	<p><b>RP</b></p>
<p><b>2. CRN to RDN transition</b></p> <p>JR said that the headline news is that the new Research Delivery Network goes live on 1<sup>st</sup> October 2024. Barts Health has agreed the terms to host the North London RRDN with DHSC, working closely with other Host Trusts.</p> <p>There are now a series of tight deadlines to manage organisational change, including transferring employment of staff to Barts Health where applicable. The North London RRDN’s central base will be at Canary Wharf. This is clearly an anxious time for all those staff affected so please take this into account when engaging with them.</p> <p>JR confirmed that funding has been agreed for partners, including Barts Health AND Queen Mary at the same level for the rest of the 2024/25 financial year, with further stability expected for the next financial year while new funding models are established.</p> <p>KM said that he has received a lot of interest in the new Specialty and Settings Lead roles, and he is currently working on a shortlist. Some areas are still missing candidates, such as critical care and MSK, but he remains open to having discussions with anyone interested in the work. An announcement for specialty leads, where there are candidates, will be made soon.</p> <p>RP thanked all those involved in establishing the North London RRDN and said it was good to know that there would be funding continuity for the next two years. That will provide a space in which to develop new priorities and balance needs for continuity and change.</p> <p>JR said that we have already been learning from the NW London approach and this will continue as we establish further local and national congruences that we can build with.</p> <p>AC thanked JR, Sharon Barrett (SB), KM and all those on the team, saying that this has been a major diplomatic effort on behalf of Barts Health.</p> <p><b>ACTION:</b> JR and/or SB to return to JCRB with further updates on RRDN North London as necessary.</p>	<p><b>JR/ SB</b></p>

<p><b>3. Barts Health data platform</b></p> <p>SN presented asset of slides to update JCRB on how the data core is developing. He began by reminding members how this came about and then explained that the core has now been named the ‘Barts Health Data Platform’ and suitable branding has been developed.</p> <p>The platform has three components: (i) a public-facing data portal; (ii) the secure analysis data core; and (iii) a secure environment for data working (MS Azure).</p> <p>He reported that the process is now maturing, the research data set is browsable and will expand depending on project needs and research approaches.</p> <p>The platform represents a move from a ‘lending library’ model to a ‘reading room’ model which enables the Trust to remain in control of its data. Charges for use depend on exactly what researchers wish to do or use and will be charged back individual projects.</p> <p>RP thanked SN and said that this clearly represented significant progress and the proposed costs seemed reasonable and representing good value for money.</p> <p>CC welcomed these changes but asked if SN and his team have alerted the teams that cost research projects for QM and BH about the new costing schedule. SN said that there had been discussions with the JRMO but accepted that for this to work smoothly cost assumptions need to be very clear up front and to this end there will be further communications and local discussions with key teams.</p>	
<p><b>4. ACHA update</b></p> <p>LE took the JCRB through a presentation to update them in the work of the Academic Centre for Healthy Ageing (ACHA). ACHA is a research collaboration of BH and QM funded by Barts charity and based at Whipps Cross Hospital. Most recently three renowned professors have been appointed to provide the clinical leadership: Adam Gordon MBE, Liz Sampson, and Hamish Simpson. They are keen to engage with people such as JCRB members so may well be in touch with members.</p> <p>On 27<sup>th</sup> September an awayday was planned to help develop a collective vision for the centre that will then be refined and presented in early 2025 as part of the Centre’s formal launch. Before then the Centre’s Executive Group will be launching in November along with local community engagement and academic external advisory groups.</p> <p>LE said the team is keen to hear from anyone with ideas or needs that fit within its operational area and is open to including further alignment with existing projects in its strategy thinking.</p> <p>RP said that this is groundbreaking work and thanked LE for her update. He noted that it is particularly helpful to have established the centre in a location where work to grow research is already underway. KM agreed that this is an amazing initiative and very welcome news for Whipps Cross research and wider community collaborations.</p> <p><b>ACTION:</b> LE and/ or her clinical directors to return with further updates on ACHA – perhaps to the March JCRB meeting?</p>	<p><b>LE</b></p>

<p><b>5. CRF update</b></p> <p>KM and JM updated the JCRB in the ongoing issues setting up the new CRF at the Royal London.</p> <p>JM said that funding remains in place and workforce and community engagement remains ongoing, along with governance IT and finance systems. A group has been established to align the CRFs SOPs and staffing policies with a London hub of therapies under the umbrella of ATTCs (Advanced Therapies Treatment Centres). In addition, branding has been created that is currently awaiting NIHR ratification.</p> <p>The CRF facility at the Royal London will enable quick study set-up and recruitment. The unit is now set to be completed in January '26 with the first patients being seen there from March '26.</p> <p>RP thanked the team for their hard work and shared their frustrations over the ongoing delays. To some extent the building delays reflect the complexity and novelty of what is proposed.</p> <p>AS said that the Children's Research Centre is keen to play an active part in the new facility. KM said that the facility is keen to include children's research too, but we all need to recognise there are ongoing challenges around accommodating such research alongside adult research.</p> <p>JR said that developing the new CRF is consistent with our vision to establish ever more inclusive research in NE London and develop a more agile and responsive workforce and research infrastructure.</p>	
<p><b>6. Sponsored Oversight Group (SOG) minutes</b></p> <p>MJ asked those present to confirm that they read the circulated SOG minutes. There was no dissent or comments and the SOG minutes were therefore agreed.</p>	
<p><b>7. A.O.B.</b></p> <ul style="list-style-type: none"> <li>• <b>Post-award financial management</b> - JR said that she and the Barts Health R&amp;D Team are aware that transparency around research finances, particularly on the Trust side (post-award), remains a significant ongoing issue which she is committed to progressing. She introduced Jojo Ip (JI) who has been employed on a short-term basis to improve post-award workflow, making it easier for researchers to understand their account activity and support the Trust with recommendations for future structure, policies and processes. JI is being supported by CC, Steve Ford and others, including Barts Health Finance Team and Hospital based finance teams.</li> </ul> <p>RP welcomed JI and thanked JR for flagging this up and endeavouring to tackle what has been a long-term issue impacting the delivery of the wider research strategy across both organisations. He said that finance has always seemed very complex, and welcomed any clarity and simplification that JI can bring to this area.</p>	

<p>Jl said that she was looking forward to the task and working with colleagues.</p> <ul style="list-style-type: none"> <li>• MC arrived at this point, apologised and thanked RP for chairing in his absence.</li> </ul>	
<p><b>8. Next JCRB meeting</b></p> <p>NG said that the next meeting was arranged for Wednesday 18<sup>th</sup> December.</p>	
<p><b>9. Summary of Forward Actions</b></p> <p>(i) MJ to liaise with Institute Directors on how to better support them with MHRA requests for disclaimers to be added in publications and how the JRMO has oversight on publications (rollover action). <b>MJ</b></p> <p>(ii) RP to get in touch with current JCRB members to ensure nothing or no-one is missed out before implementing any changes to the membership. <b>RP</b></p> <p>(iii) JR and/or SB to return to JCRB with further updates on RRDN North London as necessary. <b>JR/ SB</b></p> <p>(iv) LE and/ or her clinical directors to return with further updates on ACHA – perhaps to the March JCRB meeting? <b>LE</b></p>	

NG  
1<sup>st</sup> October 2024