

Joint Research Boards

A meeting of the Joint Clinical Research Board and the Barts Health Research Board

Wednesday 1st December 2020

MS Teams

Members present:

Karim Brohi (KB)
 Sven Bunn (SB)
 Alistair Chesser (AC) - Chair
 Coleen Colechin (CC)
 Sharon Ellis (SE)
 Rhian Gabe (RG)
 Hemant Kocher (HK)
 Nick Lemoine (NL)

Gerry Leonard (GL)
 Kieran McCafferty (KM)
 Jo Martin (JM)
 Rupert Pearse (RP)
 Mauro Perretti (MP)
 Anju Sahdev (AS)
 Tim Warner (TW)

In attendance:

Nick Good (NG)
 Xavier Griffin (XG)
 Mays Jawad (MJ)
 Jamilla Kassam (JK)

Jo Morgan (JM)
 Chloe Orkin (CO)
 Neeta Patel (NP)

Apologies:

Amrita Ahluwalia
 Rob Bennett
 Sir Mark Caulfield
 Sandra Eldridge
 Louise Hicks
 Charlotte Hopkins
 Stamatina Iliodromiti

Stephen Kelly
 Vivienne Monk
 Jonathan Morgan
 Steffen Petersen
 Julie Sanders
 Anthony Warrens

Agenda Item	Action
<p>1. Minutes and Actions from the last meetings</p> <p>Alistair Chesser (AC) welcomed everyone and asked if there were any comments on the minutes of the last Joint Research Boards (8th July 2020). There were none and the minutes were agreed. Actions were noted as follows:</p> <ul style="list-style-type: none"> (i) Mays Jawad (MJ) to send Nick Good (NG) the latest C-19 patient accrual figures that he will then circulate. Completed. This data is being kept up-to-date on the JRMO website. (ii) Coleen Colechin (CC) or Sharon Ellis (SE) to return to JCRB with an update on the JRMO move(s). NG to add this to the agenda. The move has been completed and JRMO staff are now installed in Empire House. (iii) NG to circulate BHRB TORs to BHRB members for review. This was undertaken 	

<p>and TORs revised.</p>	
<p>1. Introduction to Xavier Griffin, new Clinical Professor in Orthopaedics</p> <p>AC welcomed Xavier Griffin (XG), newly appointed Clinical Professor in Orthopaedics, and Jamilla Kassam (JK) who attended to give an overview of the strategy and work programme for orthopaedic research. JK said that Barts Health was one of the UK’s largest centres for orthopaedic work, which also often involved complex socio-demographic profiles. Barts Charity has funded the new academic unit to support research and XG has come from Oxford University. Barts Health is the hub for NE London with 3 local centres at Royal London, Whipps Cross and Newham Hospitals. The plan is to grow research at all sites.</p> <p>XG is heading up an integrated clinical academic unit creating a strategy to improve the health and wellbeing of people with joint disorders and injuries creating a wide-ranging and patient-focussed approach. This should fit well with existing funding streams and so enable the growth a team of people who share this vision. Key words are winning, pioneering and excellence.</p> <p>XG reported that he had received a lot of appetite and buy-in so far and set out a structure of strategic pillars with an integrated outstanding clinical offer that will enable the retention and recruitment of further talent. For patients this involves defining morbidity and dealing with trauma, operations and degenerative orders as a holistically; moving away from trialling bits of metal to focus on pathways based on methodology and data at local centres of excellence. Future research will involve beside clinical trials using big data and building infrastructure to enable larger-scale research to deliver cutting-edge clinical care. If we can get that and the delivered care right and Barts will become a sought-after centre for education and will build a great brand.</p> <p>XG reported that this plan for next year, with major funding awards in the sights, is ambitious but also achievable</p> <p>AC thanked XG and said this was inspiring. He asked for any questions.</p> <p>Nick Lemoine (NL) said this was very exciting and asked how multiple-morbidities could best be leveraged.</p> <p>XG thanked him and said that patients with such morbidities can be very successful research subjects across all their related clinical areas. He is keen to work with others on research themes as applicable; his team could be a means of growing research in other connected areas.</p> <p>Sharon Ellis (SE) said that QM was keen to work with XG and his team in on-medical areas, such as Engineering. She asked if XG could circulate his presentation so it would be forwarded.</p> <p>ACTION: XG and JK to circulate today’s presentation to the group.</p> <p>Mauro Perretti (MP) welcomed this appointment said that many academic in SMD are already working with XG. XG agreed and said he was grateful for being put in touch with so many helpful and enthusiastic people in SMD he was looking forward to collaborating with.</p> <p>AC suggested that XG return to either Barts Health or Joint Clinical Research Board later in</p>	<p>XG & JK</p>

2021 to report on progress. XG agreed to this and thanked everyone for their support to date.

2. COVID-19 (C-19) research

AC noted apologies from Sir Mark Caufield and suggested that Chloe Orkin (CO) start this section of the agenda with an update on the work of the vaccine research centre.

(i) Vaccine Research Centre

CO reported that the centre, based in the old Library at Mile End, was one of the first such to open in the UK. Set-up had been hampered by an awkward patient recruitment mechanism and delays in drug supplies. The library has been deliberately pushing out to 20%+ ethnic minority subjects. Many third-year medical students have volunteered to support the research activities and that has been overseen by David Collier. She set out some of the work to date, including the vaccine task force Stormchaser study has offered antibodies to people who have been exposed to C-19. CO reported that she has been directly involved in recruitment and the training programme for volunteers and staff is arduous, with multiple log-in issues for different trails. The support tasks for this research is very staff-intensive but the unit can only have a maximum of 20 clinical staff at any point. Administrative support is stable and the unit is working with the London School of Hygiene and Tropical Medicine, Great Ormond Street and others, with a particular focus on bank staff, to secure willing secondments. She had not been keen on the idea of CRN staff being seconded, sometimes against their wills, but she is much happier with bank staff who are much keener to help.

Work to date is now being impacted by the current media campaign focus on approved vaccines. CO reported that the general consensus is now that this pre-Christmas period is vital to further research. This is a short window of opportunity; lots of challenges but a clear prospect of useful research.

AC thanked CO and said the Trust owes her and her team a huge debt of gratitude. He asked if there were any questions.

MP asked about trials involving pregnant women with C-19 that are taking place; was CO working with Matina Iliodromiti (SI)? CO reported that the link for this particular trial had been the HRA but she is keen to take on any trials focussing on women as they are sadly still a novelty. She reported that she has worked with SI and her team previously and they are in touch regularly on related research.

(i) C-19 Research Review Committee

Mays Jawed (MJ) reported on the activity of the review committee. Since the start of C-19 pandemic the COVID19 Review committee has: Met 35 times & reviewed a total of 367 projects (191 Research projects (JRMO Governance), 95 CEU service improvements/audits/service evaluations, and 81 QMERC projects (non NHS projects)).

To ensure a speedy turnaround of COVID19 specific research projects, a new expedited research governance process was set up by the Governance section. Please see here for more details. Following this expedited process the JRMO was able to complete reviews for 74 clinical COVID19 research studies of which 8 are CTIMPs (including 1 vaccine trial). A further 37 COVID19 studies are currently in set up. Due to staff resources and prioritising CMO-badged urgent public health studies, the C-19 committee has issued guiding principles on

inpatient C19 CTIMP set up here. A list of approved C-19 clinical research studies is available on the JRMO website: <http://jrmo.org.uk/news-and-training/covid-19/>

According to EDGE, 4,898 participants have been recruited now into various C-19 studies.

AC thanked MJ asked if there were any questions. He said that the numbers are impressive and he thanked staff in the JRMO for their work expediting matters.

NL said that there was a clear need to get all studies set up as quickly as possible, not just C-19 work. MJ said that the JRMO team was working with restart teams, including Cancer, and has been responsible for opening many projects. However she noted that there is very little non-C-19 recruitment taking place. NL agreed that patient confidence had fallen, but said that it is now back to 40% recruitment figures. He thought that Trust support for non-C-19 activity remains vital. AC agreed that support across a wide range of research specialism was going to be needed as we moved away from C-19 activity in the New Year.

(ii) Other C-19 matters

Rupert Pearse (RP) said he would fill in gaps around C-19 activity. To begin with it is clear that our research infrastructure has been under a lot of pressure. We were hit badly in the first wave but pushed back by the autumn and made significant progress. C-19 research delivery, led by local clinicians, has been impressive, but a priority remains that research be linked to treatment. He noted that whichever priority we focus on seems to give rise to criticism and tensions, including the strategic redeployment of CRN-funded staff. He agreed that at some point, probably fairly soon, C-19-related research activity will wind down, but for the time being we can be proud of the work the JRMO has done in both shutting down and restarting activity, both in an orderly way. We now have to address issues around a wider restart, including staffing and staff burnout.

NL commented that clearly pleasing everyone all the time is impossible but there is a need to support high-impact research that isn't necessarily urgent.

RP agreed but the Trust, NIHR and UK's CMO have stated research priorities for the time being and we need to follow those. Overall we need to function as a team, even when we may not agree on all the details, and on the whole we have succeeded in doing that. He noted that CRN staff have not all been redeployed to C-19 activity although that remains a centrally-agreed priority.

3. Biomedical Research Centre (BRCs) update

RP reported that we would soon see another competition round to award future BRCs. It is likely that the next competition will be announced early in 2021 (probably March), with awards being made from 2022. There was a need to start thinking about the BRC's future leadership team and bid strategy. Possible linked themes, in addition to cardiovascular, include acute care, surgery and cancer.

NL said that cancer needs to be part of the proposal to follow the NIHR themes lead. Strategically the BRC should be part of delivering more NIHR infrastructure to support the transition from pandemic to 'normal' research activity. He suggested that there might be a 1-year extension to the BRC, rather than an imminent competition, given the pandemic.

<p>4. 'Return to normal' discussion</p> <p>AC said that whilst future planning is crucial, for the present patients on ward numbers are up and Spring and post-C-19 seems a long way away. RP said that one item we have yet to cover is the amount of change that has taken place this year and lessons we can learn from that; both clinicians and the JRMO. Many things have gone well, with less intervention and oversight, which can be liberating for all those involved. We need to review the Trust's research strategy and on the University side return to a wide-range of safe research as soon as possible. There is a challenge around speed versus safety. He welcomes idea that can help us in the future from lessons learnt.</p> <p>AC asked if anyone is looking at harvesting this learning. RP said that work had begun back in September but had got diverted by vaccine research and increased re-start workloads.</p> <p>NL said that what had happened nationally has been replicated locally ad a fast and transparent approval system is necessary. Fast-track at the national level has seen a 95% rejection rate but has ensured that high quality research proceeds.</p> <p>MJ said that in terms of lessons learnt, The JRNO is looking at SOPs to reduce timelines and focus on greater proportionality. Even the HRA has learnt lessons with its fast-track ethics approval. She will be putting together a paper to showcase this work. AC welcomed that and said it should be done before we all forget.</p> <p>ACTION: MJ to return with a paper setting out lessons learnt from the pandemic on the research governance front, possibly with actions and proposals. Not necessarily for the next meeting although if possible this would be helpful.</p>	<p>MJ</p>
<p>5. Brexit issues</p> <p>Gerry Leonard (GL) reported that the Trust is working to oversee all identified Brexit-related risks. Essentially the problem remains a possible 'no deal' outcome. Continuity of drug supplies remains a major issue with a potential ripple-effect from January. This is being dealt with at weekly meetings and with ongoing work.</p>	
<p>6. CRN de-harmonisation</p> <p>GL reported that the main issue around this has been the take up of all costing and contracting activity by the JRMO. This started in September and there has been conflict over how much information the CRN has passed over, and how little it had been doing for quite a long time prior to that date. From now on the Trust and University will be doing all its own costing and contracting within the JRMO which is empowering. There is concern across our patch at what the CRN will now be doing by way of research support and discussions about this are ongoing.</p> <p>There were no questions.</p>	
<p>7. AOB</p> <p>AC asked if there was any other business but no matters were raised. He thanked people for their work over the past few months and wished everyone a happy Christmas.</p>	

<p>8. Next meetings</p> <p>RP said that the JRB will meet in March/ April TBC. Whether the Boards are spit up or continue joint is to be decided.</p> <p>ACTION: NG to send out invitations for the next JRB in the new Year.</p>	<p>NG</p>
<p>9. Summary of forward Actions</p> <p>(i) XG and JK to circulate today’s presentation on orthopaedic research plans to the group.</p> <p>(ii) MJ to return with a paper setting out lessons learnt from the pandemic on the research governance front, possibly with actions and proposals. Not necessarily for the next meeting although if possible this would be helpful.</p> <p>(iii) NG to send out invitations for the next JRB in the New Year.</p>	<p>XG / JK</p> <p>MJ</p> <p>NG</p>

NG
7th December 2020