

Joint Research Boards

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

Tuesday 23rd March 2021

MS Teams

Members present:

Amrita Ahluwalia (AA)
 Sven Bunn (SB)
 Alistair Chesser (AC) - Chair
 Coleen Colechin (CC)
 Sandra Eldridge (SE)
 Rhian Gabe (RG)
 Deanna Gibbs (DG)
 Stamatina Iliodromiti (SI)

Hemant Kocher (HK)
 Gerry Leonard (GL)
 Kieran McCafferty (KM)
 Jo Martin (JM)
 Vivienne Monk
 Rupert Pearse (RP)
 Anju Sahdev (AS)
 Steve Thornton (ST)

In attendance:

Nick Good (NG)
 Mays Jawad (MJ)

Jo Morgan (JM)
 Neeta Patel (NP)

Apologies:

Sharon Barrett
 Mark Caulfield
 Ralph Coulbeck
 Sharon Ellis
 Louise Hicks
 Charlotte Hopkins
 Stephen Kelly

Nick Lemoine
 Chloe Orkin
 Mauro Perretti
 Julie Sanders
 Tim Warner
 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 (1st December 2020). There were none and the minutes were agreed. Actions were noted as follows:</p> <ul style="list-style-type: none"> (i) Xavier Griffin and Jamilla Kassam to circulate the presentation on orthopaedic research plans to the group. Nick Good (NG) confirmed this had happened. (ii) Mays Jawad (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. MJ said that this work was in hand and a report will be ready for the next JCRB. <p>Action: MJ to return to June JCRB with a paper setting out lessons learnt from the pandemic on the research governance front, possibly with actions and proposals.</p>	<p>MJ</p>

<p>(iii) Nick Good (NG) to send out invitations for the next JRB in the New Year. Completed</p>	
<p>2. Research re-start progress</p> <p>Rupert Pearse (RP) asked MJ to start this item. MJ began by saying that to avoid bureaucracy there had not been a formal suspension of studies when the new lockdown began in December. On 15th February, the JRMO had emailed all researchers and team leaders to say that all C-19 related research could begin again and that other studies could reopen in March, subject to stated eligibility criteria. She noted however that some studies remain formally suspended from Spring 2020. There will be a review at some point to ensure that research either restarts or is formally closed, but it is still too early for that. One key aspect of the restart is the availability of relevant staff and it appears that redeployment is now coming to an end.</p> <p>RP thanked MJ and said that the JRMO performance throughout this period has been outstanding. A review panel enabled quick C-19 project start-up, alongside the continuance of ongoing activity. AC agreed and said that staff had worked hard and adapted flexibly to changing conditions. He asked if there were any questions.</p> <p>Anju Sahdev (AS) asked for clarification on the restart process. MJ said that the details of the prioritisation had been published on the JRMO website. Anyone with a question about where a specific study fits should contact the research governance team: research.governance@qmul.ac.uk</p> <p>Steve Thornton (ST) asked there is a published timeline for research restart and set-up. MJ said that as with any study set-up this depended on the degree of hand-holding that is necessary. The general rule is that set-up takes 1-3 months depending on the complexities involved. RP commented that PhD student projects could be progressed more quickly if they were more closely supervised before they are sent through to the JRMO.</p>	
<p>3. COVID-19 research</p> <p><i>(a) Barts Vaccine Trials Centre update</i></p> <p>RP reported that Chloe Orkin (CO) had sent last-minute apologies. He said that he had seen a report on the Bethnal Green Trail Centre and could report from that. Much work had been invested in the Janssen study for which the Trust has become the UK lead recruiter site.</p> <p>A decision-making point is however being reached on continuing the Centre’s work. The Bethnal Green site may have to be vacated in July and the team are exploring all options around relocating its work.</p> <p>AC thanked all those who had been involved in vaccine achievements.</p> <p>ST agreed and said that we must continue to build on achievements, particularly with data and outcome; this is a great opportunity to attract related commercial research. He felt that CO had been an amazing director and Claudio Melchiorri an excellent administrative lead. The current business model worked but there are challenges over the future location and scale with various complexities.</p>	

AC asked how the decision-making would be taken. RP said that CO and the team were looking at options, along with Mark Caulfield. A paper would be drafted setting these options out in more detail and would come to Trust and SMD, probably from himself and Gerry Leonard (GL).

ST asked who the single point of contact should be. RP suggested himself and this was agreed. He suggested ST attend one of the 6pm meetings if he needed an update at any time or just contact RP.

AC said that this was something for the wider, more long-term strategy, and RP agreed.

Stamatina Iliodromiti (SI) commented that her C-19 research is being undertaken elsewhere due to the known temporary nature of the Library Centre.

(b) C-19 Research Review Committee update

MJ said that a report on this Committee is included in the JRMO Activity paper she had circulated. The Committee has now met 48 times and reviewed a total of 434 projects: 222 Research projects (JRMO Governance); 112 Trust Clinical Effectiveness Unit service improvements/audits/service evaluations; and 100 Queen Mary Ethics of Research Committee (QMERC) projects (non-NHS projects).

MJ reported that an expedited process for C-19 studies has been established and reviewed 75 clinical C-19 research studies (excluding Barts Bioresource projects) of which 9 are CTIMPs (including 1 vaccine trial). A further 23 C-19 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 C-19 CTIMP set up here. According to EDGE, we have managed to recruit 11,816 participants into C-19 studies, including 7,936 participants recruited to UPH/CMO badged studies.

AC thanked MJ and RP, and all those who had given such clear leadership through these difficult times. We need to continue undertaking research in clinical areas new to research that have popped up during the pandemic.

4. Clinical Research Facility proposal

Sven Bunn (SB) had circulated a side set for the meeting. He said that the proposal put to Barts Charity for a CRF in the Royal London Hospital fits with Alistair's comments about fostering research. The new CRF is scoped to fit on 11th floor of RLH when that is not being used for additional intensive care.

The background to the application is that Barts Charity is looking to fund a large-scale project to celebrate its 900th year. The Trust thought that a CRF would be a good idea although it has been challenging to construct a business case that meets both the Charity and Trust's requirements. Work on this continues, staffing and space options are being analysed alongside cost implications. The idea is to be useful to support the largest number of research categories, rather than to specialise.

Anju Sahdev (AS) asked if imaging capacity is to be included. SB said that there is no specific equipment being considered, largely because that would not be consistent with the alternative, intensive care, use of the floor. This is also a matter of budgets and space, although nothing is yet fixed. He said that it was his understanding that radiology facilities in

<p>RLH were, in any event, being developed separately.</p> <p>ST said that he is keen to support this bid and work with the clinical trials unit. He felt that both organisations backing this bid would help it. Both SB and AC agreed.</p> <p>AC asked if this proposed facility would be big enough. SB said that was a good question but there are constraints of size and budget to consider. The proposed facility is a significant step forward but has to be justified by reasonable estimates based on past performance.</p> <p>Rhian Gabe (RG) asked what the potential timeline was for developing the facility. SB said it could be approved by the end of 2021, with fit-out lasting c.6 months, so it could start by 2023.</p> <p>Kieran McCafferty (KM) said that this would be one of the largest such centres in London, but if the unit is so successful it outstrips capacity that would build its own business case for expansion. Sandra Eldridge (SE) agreed and was glad to see real enthusiasm for this project. She said that in addition to space capacity we need to invest in people and give them the space to grow ideas. SN agreed and said this is about both infrastructure and people.</p> <p>AC said we have tried to develop such a facility before but hopefully now the time is right. He thanked SB for his update and asked if he would return in due course with further updates.</p> <p>ACTION: SB agreed to return to the JCRB or Barts Health Research Board with updates on the Clinical Research Facility proposal as relevant. He to liaise with NG.</p>	<p>SB</p>
<p>5. Research Report to Barts Health Board</p> <p>Gerry Leonard (GL) had circulated a report that is going to the Trust Board summarising research activity in the last year, including the financial aspects of this. Much of the activity already covered in MJ's report is included in this paper but it also highlights activity and strategy changes. He thought it would be useful to highlight a few points from the paper:</p> <ul style="list-style-type: none"> • Progress to targets. Targets had been revised with the pandemic. The reasonable anticipation was that recruitment was going to be down, but in fact it has maintained normal levels thanks to new C-19 studies. • Commercial income has similarly been boosted by vaccine studies and is up. <p>AC thanked GL for an excellent report of a most unusual year. RP said that the last year's activity lays a good foundation for future investment in research by the Trust.</p> <p>AC said that, in the light of what we have been through, the plan is now to review our research strategy and objectives for 21/22. GL said yes, although there still remain significant uncertainties about the year ahead. We still, for example, need to take a view on forecasts and manage expectations.</p> <p>AC said that QAC is keen to have half-yearly reporting on R&D activity and that this should include qualitative aspects of research.</p> <p>ST said that he is happy to help with qualitative aspects and identify some useful, non-data focused, stories.</p>	

<p>Neeta Patel (NP) suggests that patient stories on research could be included. AC thought this a good idea if it fits with a relevant message, and these stories do not always have to be positive either. ST agreed that patient stories offer another way of bringing relevant messages to the Board, but the message needs to be the main driver, not just a good patient story.</p>	
<p>6. CRN deharmonisation</p> <p>GL said he would be brief on this as everyone already knows that out CRN is deharmonising its research support activities. This has been ongoing since last year. There is a lot of unhappiness across out area, both in R&D offices and from PIs, with both the actual level of support and the chaotic way deharmonisation itself has been undertaken.</p> <p>This process will mean further changes in our JRMO and that will be brought to future JCRB meetings.</p> <p>NG said that Sharon Barrett, the new CRN COO, had been unable to make this meeting but was intending to attend future BHRB meetings and then report on CRN activity and changes. The CRN's clinical directors were members of the JCRB and had, as usual, been asked to attend this meeting, but had declined.</p> <p>ACTION: NG to invite Sharon Barrett to future BHRB meetings.</p>	<p>NG</p>
<p>7. AOB</p> <p>AC asked if there was any other business, but no matters were raised.</p>	
<p>8. Future meetings</p> <p>The next meetings would revert to the usual JCRB/ BHRB split with meetings for these taking place in June and July. NG confirmed that appointments had been sent out.</p>	
<p>9. Summary of forward Actions</p> <ul style="list-style-type: none"> (i) Mays Jawad to return to June JCRB with a paper setting out lessons learnt from the pandemic on the research governance front, possibly with actions and proposals. (ii) Sven Bunn to return to the JCRB or Barts Health Research Board with updates on the Clinical Research Facility proposal as relevant. He to liaise with NG. (iii) NG to invite Sharon Barrett to future BHRB meetings. 	<p>MJ</p> <p>SB</p> <p>NG</p>

NG
30th March 2021