

PAN BIRMINGHAM CANCER RESEARCH NETWORK

MINUTES OF RESEARCH COMMITTEE

Held on Thursday 10 February 2011 in Meeting Room 1,
PBCN Offices, Birmingham Research Park, 97 Vincent Drive

Present:

Dr Andrea Docherty	AD	NHS Birmingham East & North	BENpct
Dr Jocelyn Bell	JBe	Sandwell & West Birmingham Hospitals NHS Trust	SWBH
Dr Jenny Barnwell	JBa	Cancer Research UK Clinical Trials Unit	CRUK
Ms Bethan Bishop	BB	Heart of England NHS Foundation Trust	HEFT
Mr. Kevin Dunn	KD	The Royal Orthopaedic Hospital NHS F Trust	ROHFT
Mrs Gina Dutton	GD	Pan Birmingham Cancer Research Network	PBCRN
Professor Don Milligan	DM	Pan Birmingham Cancer Network	PBCN
Dr Mark Tein	MT	Birmingham Women's Hospital Foundation NHS Trust	BWHFT
Mrs Maggie Hope	MH	Pan Birmingham Cancer Research Network	PBCRN

1. Apologies:

Ms Liz Adey	LA	Walsall Hospitals NHS Trust	WHT
Dr Daniel Ford	DF	Pan Birmingham Cancer Research Network	PBCRN
Mr Rob Grimer	RG	The Royal Orthopaedic Hospital NHS F Trust	ROHFT
Mrs Fran Gurney	FG	User Group Representative	User
Dr Ye Lin Hock	YLH	Walsall Hospitals NHS Trust	WHT
Professor Nick James	NJ	University Birmingham Hospital NHS Foundation Trust	UHBFT
Ms Theresa Morton	TM	BBC CLRN	CLRN
Ms Jackie Sears	JS	Pan Birmingham Cancer Research Network	PBCRN
Ms Suzanne Sumara	SS	Operations & Development Manager	PBCRN
Prof Sue Wilson	SW	Primary Care Clinical Trials and Research Unit, University of Birmingham.	UoB

		ACTION
2.	Minutes of Last Meeting held on 15 November 2010	
	These were agreed as a true record.	
3.	Matters Arising	
	<p>Action Sheet</p> <p>Item 1 –SWBH Trust Report JBe reported that the new Lead Research Nurse was now in post and is in discussions regarding the University Research Nurse. The Nurse has a contract until November 2011, so there is time to agree the matter. A further report will be made at the next meeting</p> <p>Item 2 –Training Budget GD advised that the National Workforce development Budget is still under Review. A further report will be made at the meeting in November.</p> <p>Item 3 –ROHFT Attendance A letter was sent to Penny Venables, ROHFT regarding ROH representation. A reply was received confirming RG as Trust-nominated Cancer Research Lead with Kevin Dunn, Acting R&D Manager, as Deputy.</p>	<p>JBe</p> <p>GD</p>

	<p>Item 4 –Trust Reports HEFT BB agreed to ensure she reviews the Report in future</p> <p>SWBH JBe informed the group that DR had reviewed the current Report and will review all future Reports</p> <p>UHBFT There was no representation from UHBFT to report. GD offered that she had attended the recent Facilitation Group meeting and that this matter had been discussed. There should be more information regarding this matter in the next Trust Report</p> <p>Risk Register GD informed the Group that there was nothing to report.</p> <p>R&D Approval Times GD reported that, due to lack of capacity within the Core Team, the data on R&D Approval Times had not yet been called in. This will be done over the next few weeks, the information collated and reported to the next meeting. Reports generated from CSP indicate that delays have been reduced.</p> <p>KD added that the NIHR have set target timelines for turn-around time for R&D departments from 1 April 2011.</p>	GD
4.	Network Update	
	<p>Staffing GD reminded the group that SS and GD are still on secondment to the NCRN and NIHR. It had been decided to backfill with a Band 7 Research Nurse post. However, the post had not been ready to go to advert until December 2010 and it had not been possible to short-list any of the applicants. Therefore, the monies allocated for this post have returned to the Underspend.</p> <p>Hosting Arrangements GD reminded the membership that the Cancer Research Network is hosted by a PCT. She stated that it is the preference of the Research Network to remain with the Cancer Network if possible and would continue the watch and wait policy regarding the identification of an alternative Host. The NCRN/NIHR have concerns about a watch and wait policy and therefore may insist on an earlier decision.</p> <p>Research Committee Chair AD reported that there is no named Research Lead within the new Public Health structure at the moment that could be approached to take over as Chair during her maternity leave. It was agreed by the group that the Vice-Chair will take charge until AD returns.</p> <p>Palliative Care Membership The members of the Palliative and Supportive Care Group have been asked to identify someone to join the Research Committee.</p>	GD

5.	Trust Reports	
	<p>BCHFT Report, completed by Trust-nominated Cancer Research Lead, circulated prior to meeting</p> <p>BWHFT Report, completed by R&D Manager, circulated prior to meeting</p> <p>HEFT Report, completed by Cancer Research Coordinator, circulated prior to meeting.</p> <p>BB reported that activity and targets will be added to the Report and will be reviewed by the Trust-nominated Cancer Research Lead prior to the next meeting. HEFT are now monitoring activity and targets across the whole portfolio and are arranging to provide support where required. Maternity and sick-leave amongst staff had caused challenges but cover has now been organised and recruitment is improving. The CLRN have been asked for increased support for GHH.</p> <p>The recent MHRA inspection went very well with the Inspector reporting that the Trust had done very well and staff feeling they had learnt a lot.</p> <p>ROHFT Report, completed by Acting R&D Manager, circulated prior to meeting</p> <p>KD reported that the Research Nurse had gone on maternity leave but the FSF funding allocated had enabled cover to be provided. The funding for the Research Coordinator has been secured for two years from the CLRN.</p> <p>SWBH Report, completed by Trust-nominated Cancer Research Lead, circulated prior to meeting</p> <p>JBe reported that unrealistic target setting had been highlighted by few trials failing to recruit to target. More Oncology trials have been opened and 2 Band 3 Data Coordinators have been appointed in Oncology and Haematology to replace post holders who have been promoted/changed roles.</p> <p>At the moment, the MDTs decide which trials to open but, in future, it is hoped to have a more coordinated position. A number of studies which had been put on hold for a number of reasons-both national and local - are now gradually being restored.</p> <p>UHBFT Report, completed by Trust-nominated Cancer Research Lead, circulated prior to meeting</p> <p>WHT Report, completed by Senior Research Sister, circulated prior to meeting</p> <p>LA reported through BB, that procedures and staff are now in place and recruitment should improve</p>	

	<p>UoB-Primary Care Clinical Trials and Research Unit Report, completed by UoB- Primary Care Clinical Trials and Research Unit nominated Cancer Research Lead, circulated prior to meeting</p> <p>UoB-Cancer Research UK Clinical Trials Unit JBa reported no particular problems at this time. The embedding of the Paediatric Trials Unit has gone well.</p> <p>DM asked if the recruitment data in the Trust Reports could be standardised. GD replied that the Trusts had been supplied with a Template to complete, although at present this does not include a template for reported recruitment against target. This will be reviewed for the next meeting. The Group decided that the period for the Recruitment Reports should be April to March, with the prorata target included and GD agreed to change this information on the Template.</p>	GD
6.	Performance	
	<p>Performance Measures Internal Trust Accountability Portfolio/trial decision making processes</p> <p>GD advised the group about the background to the request for this information, which was to collate in one place the Trust processes as these may have changed over time.</p> <p>AD remarked on the variety of mechanisms used by the Trusts and that it would be useful for Trusts to see what procedures and mechanisms are used by other Trusts.</p> <p>GD added that the reports had prompted the Trusts to look again at their way of nominating a representative.</p> <p>BB stated that it is a useful Report for Trusts and agreed to provide the HEFT summary.</p> <p>AD asked all Trust-nominated Cancer Research Leads to read the reports. This exercise will be repeated in one year's time as some Trusts indicated that they had planned changes.</p> <p>Recruitment A Recruitment Report was circulated.</p> <p>GD reported that this Report had been created by the Network Data Manager in the absence of the Information Officer and it had revealed that there are some glitches in the Database.</p> <p>The HEFT peak was caused by a non-RCT trial which recruited a large number of patients. Overall, recruitment is steady allowing for the closure of some radiotherapy trials.</p> <p>BB asked if there is any correlation between recruitment and resources allocated? GD advised the Group that she had been looked at staffing compared to recruitment in the past but standardisation was difficult due to</p>	

	<p>differences in the portfolio. DM remarked that TM had previously provided a report regarding CLRN funding compared to recruitment. GD agreed to approach TM to produce a joint report which maps both BBC CLRN and PBCRN funding in a single report.</p> <p>DM agreed that no one would expect the smaller Trusts to equate with the larger but like could be compared with like.</p> <p>Industry Studies A Report was circulated. This will be provided by SS for each meeting.</p> <p>KD expressed concern that there was a proposal to retain the Capacity Building Monies in the Research Networks. GD reported that a national paper had been in circulation since 2008 but it had not yet been agreed. She would expect to see the Pharma monies follow who is paying to support the Pharma trials.</p> <p>JBe asked about Network funded staff working on Commercial Studies. GD replied that this was a Trust decision and would be acceptable unless recruitment was reduced and as long as the extra funding was being re-invested in the Team.</p>	GD/TM
7.	CLRN Report	
	A Report (Attachment 1) was read on behalf of the BBC CLRN by GD.	
8.	Financial Update	
	<p>FSF – 2010/11 allocations GD reported that after the recent FSF Panel, the agreed bids had been circulated. As no objections had been received, letters would be sent to the successful applicants after this meeting.</p> <p>GD added that it has been confirmed that there will be FSF funds in 2011-12</p> <p>2011-12 Budgets GD informed the meeting that the Coordinating Centre had confirmed there will be zero increase in the 2011-12 budget and the financial return was due by 26 February. It is expected that all currently funded posts will be funded next year with possibly up to 0.5 Research Nurse funding to allocate. GD proposed that this will be used for the Palliative Care Research Nurse, the group agreed this use.</p>	GD
9.	Any Other Business	
	BB stated that there had been a continued high turn-over in Data Managers and she was aware that the Research Network had carried out a project looking at competencies and career progression. GD confirmed that this work had been lead by the CLRN Lead Research Nurse and she agreed to speak to the Nurse and find out the current position.	GD
10.	Date of Next Meeting:	
	Monday 27 June 2011 at 2.00 pm in Meeting Room 1, Network Offices, Birmingham Research Park, 97 Vincent Drive	

BBC CLRN update to PBCRN 10/02/11

NHS engagement

NHS engagement is a key priority for the CLRN in the coming year, with a particular emphasis on developing mutually valuable partnerships with all its Member Organisations. There is a need for Trusts to take greater ownership of their research portfolios in order to meet the DH's high level objectives, which include increasing the number of patients recruited to time and target and increasing the number of commercial trials. The CLRN's role is to support the Trusts in achieving these objectives.

Recruitment targets

Trusts are in the process of setting their recruitment targets for 2011/12. There is an expectation that they will all set challenging but achievable targets to work towards the DH's high level objective of doubling the number of patients recruited to studies within five years. Trusts have been advised to discuss their proposed targets with all NIHR Clinical Research Networks - including PBCRN - to ensure they are realistic and the Networks have shared expectations of the level of activity the Trusts can deliver.

NHS Permission

The CLRN target of all global and local governance checks being completed within a median of 59 days continues to be exceeded by the majority of Trusts. This, coupled with the changes due to take place within CSP in June, sets us in very good stead to meet the new DH target of achieving NHS Permission within 40 days by 2013.

A working party of RM&G staff has identified the real and potential barriers to swift NHS Permission. A number of these are outside their immediate control, such as capacity issues within service support departments. The CLRN Executive Group will be taking a strategic approach to supporting Trusts in addressing these.

Industry

The CLRN is hosting an Industry Showcase Event next Tuesday, 15 February, which will bring together commercial companies, research active/interested clinicians and NIHR Clinical Research Networks to share experiences and opportunities for improving local engagement in commercial studies. Further information is available from the CLRN.

CLRN information system

The CLRN has developed an integrated information system that allows improved tracking of projects from when they enter NIHR CSP, through obtaining NHS Permission, recruitment of first patient and recruitment to time and target. This has been commended by the NIHR. Regular reports will be circulated to all Trusts, local NIHR Clinical Research Networks and individual research teams as appropriate to provide a comprehensive overview of the status of all Portfolio and NIHR-adopted commercial studies.

CLRN funding 2010/11

An invitation has been widely circulated to request CLRN Flexibility and Sustainability Funding and Contingency Funding. Due to the amount of Contingency remaining the CLRN is welcoming innovative plans for strategic developments to increase capacity for Portfolio studies.

CLRN funding 2011/12

The NIHR and DH are meeting this week with the intention of agreeing the CLRNs' budgets for next year. Trusts have already been required to submit their requests for funding to the CLRN and provisional allocations will be communicated before the end of this financial year.