Health Partnerships Committee

Monday 15 May 2023, 9:00am

Minutes

Present Members:
Professor David Lomas (Chair), Professor Gianluca Baio, Ms Kirsten Buckley, Mrs Claire Glen, Professor Graham Hart, Professor Sam Janes, Mr Henry Killworth, Dr Alice Mortlock, Professor Rebecca Shipley and Dr Kathryn Walsh

Apologies:
Professor Andrew Dick, Mr Richard Jackson, Mr Michael Rowson, Professor Stephanie Schorge and Professor Alan Thompson

In attendance:
Mrs Megan Gerrie, Director of Projects and Planning
Dr Jenny Shand, Chief Strategy Office, UCL Partners.
Professor Thomas Voit, Director of the Moorfields GOSH

Officer:
Ms Mary Moloney

Part I: Preliminary Business

Professor David Lomas, Vice Provost (Health), welcomed everyone to the meeting and, in particular, Mrs Megan Gerrie (Director of Projects and Planning) who had been invited to attend this particular meeting, as the GOSH BRC and Crick were to be discussed.

1. Minutes (at 2-01)

1.1 The Health Partnerships Committee approved the minutes of the meeting held on 30 November 2022.

2. Matters Arising

2.1 Arising from Minute 19 of 16 May 2022:

a. At its meeting on 15 December 2022, UCL Council made the following decisions in relation to Item 10, UCL Health Alliance (2-12):

'Approved that UCL become a member of the new legal entity, under the terms described in the Articles of Association. Subject to terms being agreed, approved that UCL enter into a brand licence agreement with the

new legal entity on substantially the same terms as under the existing arrangement with the NHS Trusts.'

b. The Vice Provost (Health) added that the Government's White Paper to establish Integrated Care Systems had required provider alliances with NHS partners to be set up. UMC had previously approved use of the UCL brand for the Health Alliance, which is the required provider collaborative of the north central London Integrated Care System.

2.2   Arising from Minutes 4.2(a) and 5(f) of 30 November 2022:

a. Dr Alice Mortlock, Director of Strategy and Operations, OVPH, confirmed that she and Mrs Claire Glen, Executive Director of Research & Innovation Services and other stakeholders, had discussed the remit of the Clinical Trials' review and the Terms of Reference had been finalised. (Please see update at minute 6).

b. The Vice Provost (Health) thanked her for taking on this very challenging task.

Part II: Strategic Items for Discussion

3   Report on the London Data project (at 2-02)

3.1   The Vice Provost (Health) welcomed Dr Jenny Shand, Chief Strategy Officer, UCL Partners to the meeting.

3.2   The Chief Strategy Officer, UCLP, indicated that she would outline the background to the London Sub-National Secure Data Environment and how it fits with the London Health Data Strategy, its operation, and the IT and public engagement involved.

3.3   In October 2022, a national EOI call had been launched by NHS England in order to set up Wave 1 sites for subnational data services called Secure Data Environments (SNSDE). The purpose of these would be to facilitate academic and commercial research using de-identified data for a minimum population of five million people. London's position was strong, having a population of well over ten million.

3.4   London was one of the four successful Wave 1 sites and funding of £3.6m was received for the year 2022-23 in order to build technical infrastructure across London. A further funding request of £19m with full business case was made in February 2023 for 2023-24 and 2024-25, the outcome of which is not yet known. Ministers had approved *c.* £100m in funding for the entire programme. Further discussions with NHS England are scheduled over May 2023 with the hope of a confirmed funding decision by June 2023. The Chief Strategy Officer felt that the London proposal was strong because of the city's huge population and concentration of specialist services. Many London hospitals also brought in populations from the rest of the UK and overseas and consequently it was hoped to expand the scale of research data into rare (and other) diseases.

3.5 Work had already started on several projects, including cardiovascular prevention; Phase 3 clinical trials at UCLH; use of AI; and the safe use of data from a public perspective. On 10 and 11 June 2023, there would be a large public deliberation on how to maintain public trust in relation to data, with a focus on employment and police data as well as health data.

3.6 It was hoped therefore that UCLP would soon be in a position to issue Comms over future plans.

Key discussion points were:

3.7 The importance of this work was noted.

3.8 In relation to publicity, Mr Henry Killworth, Head of Media Relations, UCL would contact Jay Stone (Jay.stone@uclpartners.com) and Katie Harrison (katie.harrison@uclpartners.com) of UCLP, who would lead on Comms for the SNSDE.

3.9 Governance of the programme: the London Health Data Strategy Programme Stakeholder Board is the main oversight vehicle. The Federal Technology Platform would also have a governance role and it was felt that greater momentum would be required to drive this forward.

3.10 HPC members highlighted the problems for university researchers in trying to access NHS data for research purposes. The Chief Strategy Officer indicated that researchers should have access to NHS source data but the reality was that many projects experienced significant delays, especially in relation to IP and discussions over data owners. Rather than considering each project on a case-by-case basis, UCL researchers felt that an overarching approach to the issue would be best. It was noted that the AI discussion was driving greater consideration of IP. The Chief Strategy Officer hoped that, in the longer term, it might be possible to establish a 'membership model' for universities to enable researchers to use NHS data. Depending on the level of funding acquired, she hoped to develop deeper relationships with industry, possibly by generating matched funding from commercial companies.

3.11 It was noted that the UCL Dean of FPHS is chairing a Data Working Group to address many of the internal, operational issues that hindered data access – these included HR support for joint employment contracts and data sharing agreements. At a suitable stage, it would be helpful for this Group to liaise with the London Data Strategy team.

3.12 It was agreed that the Director of Strategy and Operations, OVPH, would present an update on progress of the Data Working Group to the next meeting of the HPC.

3.13 The Vice Provost (Health) thanked the UCLP Chief Strategy Officer for all her hard work and asked her to report further to the Committee at a suitable stage in the future. She asked the Committee Secretary to share her email address with HPC members and invited them to contact her with any queries.

4.   UCL's Partnership with the Francis Crick Institute (at 2-03)

4.1   The Vice Provost (Health) thanked Dr Elspeth Latimer, Crick Partnership Manager, Office of the Vice Provost (Health), for agreeing to present on The Crick Institute.

4.2   The Crick Partnership Manager explained that she managed UCL's relationship with the Crick. The Institute was established in 2016 with the aim of conducting biomedical research to improve the understanding of human health and disease. It was funded by MRC, CRUK and the Wellcome Trust as well as by receiving £40m from each of three HEIs: UCL, Imperial and KCL. In 2021, the Crick underwent its QQR and successfully secured major funding over seven years from CRUK, the MRC and the Wellcome Trust.

4.3   UCL has an allocation of 80 staff places 'on attachment' at The Crick, of which 76 were currently filled. These included ten places, occupied by the DRI, which were required until construction of the new Gray's Inn building was complete. The 2023 application call for five places had just closed. In addition, UCL has five Clinical Scientist Group Leaders and two Physical Scientist Groups at the Crick (14 people in total).

4.4   Crick engagement with its HEI partners could, at times, prove challenging and the QQR report had recommended that the Crick should engage more effectively. In response, the Crick had appointed Ruth Bird, University Liaison Officer, in October 2022 to act as an equivalent to the HEI Partnership Managers. It was hoped that she would help to improve the operational relationship between the Crick and its university partners. A Partnership Working Group had also been set up, which had made a series of recommendations, some of which would require additional financial support. The Crick Partnership Manager hoped that these initiatives would improve the Crick's understanding of UCL processes and enable them to make requests within an appropriate timeframe.

4.5   Translational research: the Crick is hoping to expand its translational portfolio by launching a joint funding scheme between the Crick and university partners, utilising the recent £50m donation from the Chris Banton Fund. At present, the Crick's translational/IP portfolio is estimated at £0.7m and income is projected to be £0.2m, over the next five years. The Crick is also considering entering into a new technology transfer agreement with Cancer Research Horizons (CRH), the technology transfer arm of CRUK. UCL has some concerns over IP management at the Crick and the lack of inclusion of overhead costs for universities. The scheme would be launched as a pilot, probably in early June 2023.

4.6   Clinical activity: the only five Clinical Scientist Group Leaders at the Crick are from UCL, although KCL has just recruited and is onboarding one clinician. Currently, Clinical scientists are paid by the Crick but employed by the university for an initial six-year period with the possibility of an extension of a further six years. At present, 80% of their time is spent at the Crick and 20% in the NHS.

The Crick has little experience in managing clinical activity and its procedures are currently being reviewed.

4.7 Clinical trials: UCL is often asked to act as sponsor, even though the work is entirely undertaken at the Crick. Discussions are ongoing in order to give UCL the necessary oversight.

4.8 Research studentships: UCL has the highest number of students on the Crick PhD Programme with 115 registered in total (25 starting in the academic year 2022-23). The role of second supervisor is under consideration with a view to facilitating greater input into the scientific project.

4.9 Overhead payments to the Crick now amounted to nearly £5.8m.

Discussion included the following:

4.10 HPC members expressed concern over the Crick's small IP portfolio in relation to the amount of outstanding science carried out at the Institute. It was noted that IP arrangements need to be negotiated early in the translation process. The Crick Partnership Manager believed that IP was managed in-house and that there was no equivalent to UCL Business.

4.11 It was noted that it is difficult to negotiate Comms relating to UCL academics involved in the Crick. The Crick Partnership Manager agreed to provide the names of the Clinical Group Leaders to the UCL Head of Media Relations.

4.12 The Executive Director of Research & Innovation Services, added that she was reviewing IP arrangements with the Crick and would explore the possibility of including branding and marketing arrangements in research contracts.

5. Update on the Biomedical Research Centre for GOSH (at 2-04)

5.1 As background, the Vice Provost (Health) noted that presentations on the MEH and UCLH BRCs had been given at the last meeting of the Health Partnerships Committee. The BRCs are funded by the National Institute for Healthcare Research (NIHR) to enable them to undertake patient centred research in collaboration with UCL. He reminded HPC members that together, UCL's three BRC partners, had received the biggest award of any UK university (*c.* £145k).

5.2 The Vice Provost (Health) welcomed Professor Thomas Voit, Director of the GOSH BRC, to the meeting. He was due to present on the Biomedical Research Centre for GOSH.

5.3 The Director of the GOSH BRC indicated that the overarching vision of this BRC is to combine world-leading research and clinical trials in order to transform the health of children. The BRC is focused on five themes with work packages and strategic aims for each:

a. Gene, stem and cellular therapies;
b. Genomic medicine;

c. Accelerating novel therapies;
d. Tissue engineering and regenerative medicine; and
e. Applied child health informatics.

5.4 The BRC's London sites include GOSH, UCL ICH and the Zayed Centre for Research into Rare Diseases in Children and collaboration had recently been initiated with the hospitals of Sheffield, Birmingham and Alder Hey.

5.5 The new award would provide £35.2m over five years and most of it was already committed to the projects, outlined in the bid.

5.6 Five months into the new award, the Director of the GOSH BRC highlighted some of the progress made in each theme:

Gene, stem and cellular therapies
a. More than 25 Gene and Cell Therapy clinical trials were in the pipeline;
b. Most importantly, MHRA approval for the Zayed Centre GMP facility had been given, leading to increasing number of PI led trials.
c. GOSH ICH was leading the world in research into childhood tumours with a phase 1 study using advanced CAR-T engineering. It was hoped to introduce early diagnosis and personalised treatment.
d. Adeno associated viral vector gene therapies would be used in a liver trial that would open within the next six months.
e. A patent had been filed for *in vivo* liver targeting lentiviral vectors and patent discussions were ongoing in relation to renal adeno associated viral vectors.

Genomic medicine
f. A major strategic aim is to ensure genomic medicine moves from finding genes for individual diseases to supporting effective interventions pre- and post-natally across all themes.
g. It is difficult to connect genomics to electronic patient records and a working group has been set up to address the challenges.
h. The data, collated by Genomics England over 30 years, has proved invaluable information on the treatment of individuals with particular diseases.
i. Genomic data is being transferred to EPIC.
j. Recruitment is being undertaken to appoint ECRs and research students.

Accelerating novel therapies
k. Translational approaches are being taken to rare diseases and, in the last year, eleven new medications have been approved by the MHRA.
l. Appointment has been made to a CRISPR post.
m. There is strong clinical trials' activity with numerous phase 1 and 2 trials.
n. RNA therapies are in development.

Tissue engineering and regenerative medicine
o. GOSH is trying to make models to produce new organs, involving three workstreams.
p. This year, the aim is to treat 100 patients, with 37 already having undergone treatment.

q. A major aim is to initiative first-in-child UK clinical trial in key areas.

Applied child health informatics

r. The focus is on data security and infrastructure.

s. GOSH hopes to use Trust data over 20 years in order to compare symptoms and assess treatment and outcomes for patients with the same disease,

t. The data facilitates the study of the life course for the children involved and their outcomes. GOSH has forged a strong collaboration with Sheffield.

u. Roche has provided £5m in order to learn from GOSH how to use data sets.

5.7 A Career Development Academy has been established to improve support for career researchers. The Academy supports clinical and non-clinical ECRs to secure major fellowships and, so far, this initiative has met with success.

5.8 There is now an NIHR requirement for research students to complete their PhDs within the five-year period of the BRC award, so 24 new students are being recruited for this year and next. Historically, the CDT PhD programme has not worked well because it was disjointed. A mentoring scheme has been introduced for these PhD students.

5.9 GOSH public/patient engagement is extremely strong and had formed an integral part of every stage of the BRC application.

Key discussion points were, as follows:

5.10 The Vice-Provost (Health) congratulated the Director of the GOSH BRC on the extremely impressive work of the GOSH BRC and its outstanding patient engagement.

5.11 The Head of Media Relations highlighted the need to include UCL's contribution in GOSH publicity.

5.12 The Executive Director of Research & Innovation Services hoped that the BRC collaboration agreement, which was currently with GOSH lawyers, would soon be finalised.

Part III: Other Business for Approval or Information

Committee members noted that all minutes were 'draft' as they had not yet been approved by the relevant Board.

6. Terms of Reference and Review of Clinical Trials (at 2-05)
6.1 The Director of Strategy and Operations, OVPH, reported that the review was well underway. It was comprehensive and had been divided into two phases:
- Phase 1 considers governance, frameworks and contracts. Interviews have been undertaken with many areas across UCL, including the JRO, RIS, CTUs, Procurement and Insurance. A report would be written shortly and preliminary actions proposed.
- Phase 2 would concentrate on sponsorship and studies.

6.2   The Director of Strategy and Operations, OVPH would report further to HPC members, at a future meeting.

7.   Scopus publications (at 2-06)
7.1   Committee members noted the report from Mr Andrew Gray, Bibliometrics Support Officer, UCL Library Services.

8.   List of UCL Non-Executive Directors for NHS Hospital Foundation Trusts (at 2-07)
8.1   Committee members noted that the list of NEDs and Stakeholder/Appointed Governors now included Professor Dame Hazel Genn, Professor of Socio-Legal Studies, as UCLH Stakeholder.

9.   AHRI Programme Board (at 2-08)
9.1   The HPC received, for information, the minutes of 23 February 2023.

10   UCL-UCLH Cancer Strategy Board (at 2-09)
10.1   The HPC received, for information, the minutes of 28 November 2022.

11   Hampstead Campus Masterplan Project Board (at 2-10)
11.1   The HPC received, for information, the Hampstead Campus Masterplan Project Board the minutes of 24 April 2023.

12   UCL Health of the Public Oversight Board (at 2-11)
12.1   The HPC received, for information, the minutes of 31 January 2023.

13   Health Strategy Forum (at 2-12)
13.1   The HPC received, for information, the minutes of 27 March 2023.

14   Oriel Project Board (at 2-13)
14.1   The HPC received, for information, the minutes of 3 April 2023).

15   London Health Data Strategy Programme Stakeholder Board (at 2-14)
15.1   The HPC received, for information, the minutes of 13 March 2023.

16   Research agreements November 2022 to May 2023, signed by the Vice Provost (Health) (at 2-15)
16.1   The HPC received, for information, a list of research agreements since the last meeting, signed by the Vice Provost (Health).

17   Any Other Business
17.1   It was noted that the UK Science and Technology Committee would visit the Zayed Centre on 17 May 2023.

17.2   The Vice Provost (Health) thanked all presenters and HPC members.

18. Date of next meeting

18.1 The next meeting of the Health Partnerships Committee would be held **17 July 2023 from 9 to 10.30 a.m. Please note the change of date from 10 July 2023.**

Ms Mary Moloney
Secretary to the Health Partnerships Committee
May 2023