## Genomics England Limited - Board Meeting

## Minutes of Meeting held on 17 January 2017 at

## QMUL, Charterhouse Square, London, EC1M 6BQ

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| Present: | Sir John Chisholm (Chair) (JC) |
|  | Dame Sally Davies (SD) |
|  | Prof Sir John Bell (JB) |
|  | Sir Malcolm Grant (MG) |
|  | Prof Ewan Birney (EB) |
|  | Prof Mark Caulfield (MC) |
|  | Jon Symonds (JS) |
|  | Nick Maltby (NM) |
|  |  |
| In attendance: | Peter Counter (PC)(phone) |
|  | Vivienne Parry (VP) |
|  | Augusto Rendon (AR) |
|  | Graham Colbert (GC) |
|  | Simon Partridge (SP) |
|  | Sue Hill (SH) |
|  | Mark Bale (MB) |
|  |  |
| Apologies: | Prof Dame Kay Davies (KD) |
|  | Andrew Baigent (AB) |
|  | Prof Michael Parker (MP) |
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**16-17/076 – Apologies:** See above.

**16-17/077 – Chair’s Introduction:** JC welcomed directors to the meeting and declared the meeting quorate.

**16-17/078 – Declarations of Conflicts of Interest:** JC reminded the Board that all conflicts needed to be declared.

**16-17/079 – Approval of the Minutes of the November Board Meeting and Actions Arising**

The minutes of the November Board Meeting were approved. The Company Secretary was authorised sign the minutes as a true record of the meeting. The status of Actions Arising was as follows:

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| --- | --- | --- |
| **ACTION** | **OWNER** | **STATUS** |
| Get newsletter out to participants. | MC | Letters are now going out. |
| AR to update the Board on access to genomes in March. | AR | Due March |

**16-17/080 – Executive Chair’s Report (JC):**

* JC commented that the project has moved on significantly in 2016, which became a year of mobilisation. We have finished the year with a pipeline that is working from taking consent to producing reports.
* We will hit 25k WGS shortly when the Bridge numbers are included. We are looking to mark this.

**16-17/081 – Strategy Post 100KGP** (**JC**)**:**

* JC shared a set of slides describing potential views of the future in the area of bioinformatics, informatics, the database and sequencing and illustrating scenarios where Genomics England has a role and where it does not. JC noted that the answer to these scenarios would also influence whether the company should continue to do further work in an area or not (eg the automated clinical pipeline).
* There followed a discussion between Board members regarding the slides.
* DH outlined some key principles which will need to be reflected in future plans:
  + We must have value for money, the wider efficiency agenda and things like 24/7 working. Only if machines are batching full plates every day can the price be kept low.
  + The UK must continue to lead the world in research and patient care. This means genomics is a key part of the industrial strategy
  + We must protect the existing assets, including the teams of experts in one place.
  + We need a national standard pipeline, balanced with expertise in the regional hubs.
  + There should be a single site for a database – it was noted how complicated it is to move genomes and to compute across networks.
  + We must be ambitious but honest (realistic).
  + We need a single sequencing pipeline with flexibility around change t using technology assessment and competitions, helping UK industry as we do.
  + Commissioning of services and informatics needs to be fully aligned
  + A single common database with standardised data is giving us the best automated national bioinformatics pipeline interacting with local MDTs.
  + We need to recognise the ambitions of other countries, especially the clear plan set out by France which also integrates WGS into clinical care.
* JC summarised the discussion as follows:
  + The database needs to be central
  + Bioinformatics needs to be a mix of central and local provision
  + Informatics needs to support the database and the bioinformatics
  + Sequencing needs to feed into to the informatics pipeline.

**16-17/082 Pipeline Report and Dashboard (GC):**

* Q4 was the best quarter so far and we overachieved the target: it is the first time we have exceeded the minimum. The GMCs performed well in terms of volume and quality. Illumina is also performing well but has a lot of WIP. We now have a reporting bottle neck having got in a lot of GMC clinical data in the last 2 months - 50% of probands now have HPO terms. We are also getting feedback from GMCs on the reports.
* AR confirmed he has implemented a reporting portal so we can confirm that a variant has been validated.
* MC confirmed the yield was 19- 25%. It was noted that if we weren’t pre-screening this would be higher.

**16-17/083 CIO Report (PC):**

* PC’s Report was received without comment.

**16-17/084 Proposed Relationship with NHS Digital**

* See Board Pack.
* JC noted that he was conflicted due to his position on the NHSD Board.
* PC described where we are with NHSD and outlined the options for transfer of the PID environment at various points in time.
* Following a detailed discussion of the options, **the Board agreed not to decide to pursue the transfer to NHS Digital at the moment. A detailed paper will be presented to the Board in due course.**

**16-17/085 Bioinformatics Report (AR):**

* AR confirmed that we have completed the move to N3 for GMCs**.**
* From February we expect all the elements to be in place for GMCs to close cases**.**
* We are now covering 90% of rare disease conditions.
* We will shortly be able to report at 2500 a month. There followed a discussion as to how to address the reporting backlog. **Action: AR to produce a plan to catch up for discussion at the March Board. This needs to look at both GeL resources and GMC resources.**
* It was noted that the Netherlands has stopped validation (beyond confirming identity) and this may also be something the UK wishes to consider.

**16-17/086 Science, Ethics and GeCIP Report (MC):**

* 30 institutions have signed up to GeCIP. A small number of institutions have raised queries and MC and NM are dealing with these.
* There is now a plan to increase turnaround time starting within GeL and then looking at time in the GMCs. This will go live in February. The cancer plan will also consider an approach to tumours with a cellularity of less than 40%. It may be possible to sequence these at a greater depth and get a positive result.

**16-17/087 Genomic Enterprises (SP):**

* SP confirmed that the GENT priorities were to close out the industry trial, move to direct engagements and understand the future of the consortium**.** The Gene consortium would come to an end in June 2017 and future relationships would then be the individual members. It was requested that SP provide more detail on this at the March Board.
* JC confirmed that the future iteration of the consortium would be focused on communication to industry.
* **Action: SP to report in detail on potential direct engagements to March Board.**

**16-17/088 NHS England Report (MG)**

* MG commented that the pipeline was now picking up after the Xmas dip.
* NHSE is focusing on the next stage, specifically how it transitions from the GeL experience to clinical genomics. This involves the lab reprocurement and the procurement of sequencing. The former will go to the NHSE Board in April. NHSE will work with GeL on the procurement processes. The commissioning needs to be done by NHSE.
* It was noted there is political support for the strategy.

**16-17/089 Confidential item (JC)**

[Redacted]

**16-17/090 2017 Draft Objectives (GC):**

* GC explained the mix of objectives. GC was asked to provide the slides that sit underneath the top level objectives. **Action: GC to provide more detailed objectives to the Board.**
* It was suggested that we should as part of the industry objective set out what industry got out of the pre-competitive collaboration.

**16-17/091 Board Committees**: No committee matters were raised.

**16-17/092 Any Other Business:** There was no other business.

**16-17/093** **Date, Time and Agenda for Next Meeting**

**IT WAS NOTED that the next Board meeting would be held on 16 March 2017 between 14.00 – 17.00 at Genomics England in Charterhouse Square.**

**Close: The meeting closed at 17.05**.

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Signed Dated