Minutes of the Council business meeting held at One Kemble Street on 2 March 2016

Present:

<table>
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<tr>
<th>Council</th>
<th>Head Office staff</th>
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<tr>
<td>Mr Donald Brydon (Chairman)</td>
<td>Ms Sam Bartholomew</td>
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<td>Sir John Savill (CEO) (items 1 – 12)</td>
<td>Mr Sandy Bulger</td>
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<td>Professor Doreen Cantrell</td>
<td>Mr Hugh Dunlop</td>
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<td>Professor Chris Day (items 1 – 12)</td>
<td>Dr Declan Mulkeen</td>
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<td>Professor Dame Janet Finch</td>
<td>Dr Tony Peatfield</td>
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<td>Professor Paddy Johnston</td>
<td>Ms Sally-Louise Smith</td>
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<td>Professor Dame Sally Macintyre</td>
<td>Dr Frances Rawle</td>
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<td>Dr Ruth McKernan</td>
<td>Mrs Helen Page</td>
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<td>Professor Michael Schneider</td>
<td>Dr Sherie Wright (items 1-5)</td>
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<td>Dr Rob Buckle (items 1-8)</td>
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<td>Observers</td>
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<td>Jenny Dibden (BIS)</td>
<td>Dr Jo Robinson (item 8 only)</td>
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<td>Charlotte Moar (CARAC)</td>
<td>Ms Linda Holliday (items 8 – 12)</td>
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<td>Kathryn Packer (CARAC)</td>
<td>Ms Pauline Mullin (item 9)</td>
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Apologies:
Dr John Brown
Dame Sally Davies
Baroness Onora O’Neill
Dr Mene Pangalos
Ms Vivienne Parry

Council business meeting
The meeting began at 1.15pm.

1. **Announcements and apologies**

   Mr Brydon welcomed members to the meeting and informed Council that two new members of CARAC, Kathryn Packer and Charlotte Moar, would be observing the meeting.

   He congratulated Dr Ian Viney (MRC Director of Strategic Evaluation and Impact) on behalf of Council on the award of an MBE in the New Year’s Honours list for his services to research funding and evaluation.
He also informed members that Dr Sherie Wright would be moving to a new role as Board Manager for the Population and Systems Medicine Board and introduced Mrs Helen Page who would be taking over Dr Wright’s role supporting Council from mid-March.

Finally, Mr Brydon noted that apologies had been received from Dr Brown, Dame Sally Davies, Baroness O’Neill, Dr Pangalos, and Ms Parry. He informed members that this would have been Ms Parry’s last Council meeting as her term on Council would end on 31 March.

2. **Register of declared interests**

The Chairman requested that members inform the secretariat of any updates to their declarations of interest.

3. **Minutes of the joint Council/Strategy Board meeting and the Council business meeting held on 10 December**

The minutes of the joint Council/Strategy Board meeting and the Council business meeting held on 10 December were approved as an accurate record.

4. **Matters arising**

4A. **Report from the Council Audit and Risk Assurance Committee**

Dame Janet informed Council that she was very pleased with how well the Council Audit and Risk Assurance Committee (CARAC) was performing with its new members. She then provided an update on the key discussions at the CARAC meeting on 2 February.

Mr Brydon thanked Dame Janet for the update and endorsed her comments regarding how effectively CARAC was performing.

4B. **Update from the Ethics, Regulation and Public Involvement Committee (ERPIC) meeting**

In the absence of Baroness O’Neill and Ms Parry, Dr Rawle updated Council on the ERPIC meeting which had taken place on 12 January. ERPIC had discussed membership of the committee and it had been noted that Ms Parry’s term on Council, and thus ERPIC, would come to an end on 31 March 2016. At the request of the Chair, Baroness O’Neill, Ms Parry had agreed to continue her membership of ERPIC in a personal capacity. ERPIC had also agreed that three new members with expertise to cover gaps on the committee should be invited to join.

Dr Rawle informed Council that the European Commission, European Parliament and the Council of the European Union had reached agreement on the text of the draft EU Data Protection Regulation and it had been published on 17 December. ERPIC had noted that the text was more positive than had been expected and included important provisions for research; researchers would be able to use data relating to individuals collected with broad consent, to carry out repeated analyses without requiring specific consent for each subsequent use. There were still some uncertainties however and it would be necessary to keep a close eye on how the regulation was implemented into UK legislation.

ER PIC had also discussed a proposed new approach to patient and public involvement. Members had accepted that, while there should be an expectation of patient involvement in designing of clinical research, the widely recognised model used by NIHR in clinical and health service delivery research which included patient representatives in funding decisions was not a suitable model for basic research. ERPIC had agreed that work would be needed to develop a new model and that it would be useful to collect data on patient
involvement in clinical research by MRC funded researchers through Researchfish in order to inform this work.

Finally, ERPIC had received updates on issues relating to personal information including the MRC guidance on ‘Personal Information in Medical Research (PIMR)’ which was currently under review.

4C. Update from the Strategy Board meeting held on 9 February

Sir John updated Council on discussions at the Strategy Board meeting that had been held on 9 February and thanked Professor Johnston for his attendance at the meeting.

The MRC’s response to the Zika epidemic had been discussed at Strategy Board. Sir John informed Council that the MRC had set up a rapid response group following the Ebola crisis consisting of the Chairs of Infections and Immunity Board and Global Health Group, the MRC Heads of Infections and Immunity and Corporate Communications, and the MRC Director of International Strategy. The group had met on 26 January and agreed that the Zika epidemic merited a rapid response; following liaison with MRC researchers and relevant government departments, an initiative had been launched on 3 February with an initial budget of £1m from the MRC topped up with £1m from the Wellcome Trust and £2m from the Newton Fund. The initiative was looking for short-term (12 – 18 month) studies to provide novel, critical and timely insights into the nature of the risk posed by the Zika virus and/or potential avenues for its management or prevention and funding decisions would be taken by mid-March. Council welcomed the initiative and members were joined by Ms Dibden in commending the MRC for its agility and rapid response to the epidemic.

Strategy Board had received an update on progress with the Experimental Medicine Initiative to Explore New Therapies (EMINENT). EMINENT was a novel and unique collaboration between UK academia and GSK with £8m of Strategy Board commitment matched in kind by GSK. The initiative was going well and a workshop had been held in December 2015 to discuss initial project proposals. The first EMINENT proposals would be assessed by a Joint Steering Committee in summer 2016, with projects starting shortly afterwards. Strategy Board had also discussed a preliminary report on the future strategy and investment for PET imaging research and requested further details in order to understand the UK-wide picture.

There had also been discussions regarding the Nurse Review, the outcome of the CSR and Dementia Research Institute; these topics would be discussed by Council later in the meeting.

Finally, Sir John drew Council’s attention to the annex to the February Strategy Board minutes which outlined MRC spending review priorities and the Strategy Board workplan.

4C. Review of Council effectiveness

Ms Dibden informed Council that there had been discussions at BIS regarding how to proceed with reviews of effectiveness of BIS partner organisation’s Councils/Boards. An update would be provided in due course.

5A. CEO’s report

Sir John Savill introduced this item and discussed the following matters:

Prion Unit

Sir John informed Council that the Structural Biology group leader position at the Prion Unit would be advertised shortly and the Director intended to make the appointment by October as requested by Council.

The Crick
Mr Bulger informed Council the Crick building was looking very impressive and pictures had been included in the CEO’s report. Practical completion of the building was still scheduled for 31 May. The contractors, Laing O’Rourke, were doing their best to meet this deadline and the Crick team was monitoring progress very closely. A series of milestones had been agreed and these would provide early indicators of the risk of the practical completion date being further delayed.

The transition plan had been shortened to recover much of the time lost due to the later practical completion date and the original December 2016 date for vacating the Mill Hill site remained achievable. This would be followed by decontamination of the site and sale completion by April 2017. Back-up contingency plans had also been developed.

The forecast cost remained within budget with some contingency left and the Crick had reached a settlement with Laing O’Rourke regarding the delays caused by the water pipe failure.

The timeline for the institute-level review process for the Crick had been agreed. There would be an establishment review in 2018 and a full quinquennial review in 2020/21. The funders had also agreed an assurance framework and associated annual reporting requirements and the documentation for this had been shared with the Crick in December 2015.

A gateway review was scheduled for mid-May and would follow-up on benefits realisation. Dr Viney had developed a robust plan and a baseline for measuring benefits in the future was in place.

UK Shared Business Services (SBS) update

Mr Dunlop also reported that the research councils had recently experienced serious issues with the 12.0.6 version of the Oracle system. The system had been unavailable for nine working days as a result of various down times and patches not working; there was a risk that this would have an impact on year end. The 12.0.3 version of the system which BIS used had not been affected.

UK Dementia Research Institute

Dr Buckle updated Council on progress with developing the national Dementia Research Institute (DRI). A business case had been submitted to BIS requesting £150m over seven years to establish the DRI and the final budget allocation was expected to be announced as part of the CSR allocation. Dr Buckle presented slides outlining the proposed structure and timeline for developing the DRI.

MRC media coverage

Sir John congratulated the MRC communications team for the recent media coverage of the 70th Anniversary of the MRC’s National Survey of Health and Development (NHSD) and of the Brain Prize which had been won by three British neuroscientists, all of whom had received MRC funding during their careers.

Draft Comprehensive Spending Review (CSR) allocations and update on Nurse Review

Dr Dunlop introduced this item and provided Council with an overview of the draft CSR allocations. He highlighted that the final allocations were still to be approved by the Treasury, but BIS had agreed that the draft allocations could be shared with Council for discussion at this meeting.

The MRC’s resource settlement would be roughly flat cash: level funding of ~£580m pa in 2016/17, which would afford a commitment budget of £340m, and a two-to-three per
cent increase to ~ £595m pa thereafter. Whilst this was a good settlement, it would still impact on the MRC’s spending power as the settlement included:

- Funds for the UK Dementia Research Institute (DRI) – subject to approval of business case;
- An earmarked allocation for Official Development Assistance (ODA) funding from the cross-Council Global Challenges Fund (GCRF) of £14m in 2016/17 and £34m pa from 2017/18 (i.e. £150m over 5 years). The ability to meet the ODA target levels would be dependent on a broad definition of allowable expenditure which had not yet been agreed.

In addition to the individual Research Council core allocations, further spending power would be provided through a “common pot” GCRF across the Research Councils starting in 2017 (on a small scale) and reaching ~£300m pa by 2020/21 (~£450m over 5 years).

The administration budget allocation had not yet been decided.

Finally, Ms Dibden informed Council that Jeremy Clayton had recently retired and she and Ms Endean would be taking over the aspects of his role that related to the Newton Fund.

The Nurse Review update

Dame Janet had been a member of the Nurse Review Advisory Group. It was agreed that this no longer represented a conflict and Dame Janet remained in the room.

Mr Brydon informed Council that he had recently met with Jo Johnson MP, Minister of State for Universities and Science.

Sir John informed members that the CEOs of the research councils would be submitting detailed input on the implementation of the Nurse Review to Ministers which would emphasise the importance of the research councils having the ability to employ scientists, enter into contracts and own facilities in order to be able to move with agility and flexibility when necessary.

6. Finance report

Council noted the finance report which outlined the draft operating budget for 2016/17, the update on the 2015/16 forecast outturn and the year-to-date results to the end of January 2016.

7. Science commitment budget

This item would be discussed in detail at the May Council meeting following confirmation of the CSR allocations.

8. Training and careers – update on the MRC’s capacity and skills strategy

Dr Robinson presented this item. She informed Council that the last training and careers update to Council had been in December 2011 and a lot of improvements had been made since then to ensure that the MRC’s support for the next generation of scientists was as effective as possible. Particular focus had been placed on providing flexible support targeted at key career transition points, and Dr Robinson highlighted that the MRC’s approach, for example, removing time-bound eligibility criteria from fellowship competitions, had often led the way with other funders following. The paper provided Council with an update of progress against the objectives under aim four of the MRC’s strategic plan Research Changes Lives 2014 - 2019, ‘supporting scientists’. A key objective was to provide flexible support at critical career stages and Dr Robinson explained that in 2014 and 2015 reviews of both non-clinical and clinical careers had been conducted to understand enablers and barriers to people pursuing biomedical
research careers and how the MRC could provide better support. The reviews had found that better guidance, flexible support and support at critical career stages were key to supporting individuals.

Action taken to support non-clinical and clinical scientists as a result of these reviews included the development of an interactive framework for non-clinical careers. This tool was the first of its kind and had been well received by the community. It highlighted both case studies of individuals who had taken the traditional ‘PI track’ and those who were pursuing more non-traditional career routes, such as research technology specialists. A priority for 2016 would be the development of a career structure for medical bioinformatics as lack of a clear career structure was one of the difficulties in attracting and retaining future research leaders in this area. Increased flexibility for applicants had also been introduced by removing eligibility criteria based on years of post-doctoral experience. This allowed for variations in career paths and recognised that the speed of career progression could be affected by factors unrelated to a person’s scientific potential.

Dr Robinson concluded by highlighting key priorities going forward. These included: ensuring messages about flexibility were well communicated; increasing support for individuals first becoming independent as this was a particularly vulnerable career point (average success rates for fellowships at this stage were currently ~ 15 per cent although there had been an increase in high quality applications following the removal of time-bound eligibility criteria); and supporting the difficult clinical academic career pipeline.

Members highlighted the importance of mentorship and it was noted that the MRC had a partnership with the Academy of Medical Sciences (AMS) which meant that once appointed, applicants were eligible to identify an independent mentor through the AMS scheme. This was a formal scheme, although not mandated for successful MRC applicants, and the AMS provided training for their mentors.

Council turned to the low success rate for the ‘transition to independence’ stage and noted that the majority of individuals (~90 per cent) supported on transition to independence awards remained research active, produced high impact publications from their award and successfully attracted further funding; this demonstrated that working to increase the success rate in this area would be worthwhile. Members considered what could be done achieve this. Dr Robinson highlighted that now there was more flexibility and clearer guidance, the quality of applications would likely improve in the future which would mean that more awards could be made.

Council discussed gender balance and noted that there was a drop off in women putting themselves forward the more senior they got. It was also noted that there was interesting data regarding applicants for clinician scientist fellowships – of the unsuccessful applicants, men were more likely to apply again than women. Members discussed the merits of providing training for interview panels and noted that the MRC was looking to provide unconscious bias training for its panels. It was noted however, that the success rate at interview was the same for men and women indicating that there was unlikely to be bias in the selection process. This highlighted the importance of encouraging more women to apply in the first place and this was an area in which universities would have a key role to play.

9. MRC Public Engagement and Communication Update

Ms Mullin joined the meeting and updated Council on progress against the communications objectives set out in the MRC’s Communication and Engagement Strategy. The strategy had been published in November 2014. It supported the MRC’s strategic plan and confirmed the MRC’s duty to engage with the public and other groups, to give an account of the MRC’s research and to ensure that public views and concerns were reflected in MRC decision-making. Ms Mullin explained that the Council paper had been presented in a different format to previous years and now provided a report on
progress against the ten overarching objectives in the Communication strategy. This change had been prompted by the Cabinet Office Review of MRC Communications Capability published in March in 2015 which required programme level reporting. The review had been positive overall and the recommendations made had been or were in the process of being implemented.

Ms Mullin highlighted that being open about the importance of animal research was a key part of communicating about the research the MRC funds. She outlined some of the highlights from the Communication team’s ‘Animals and openness’ work which had included persuading the Francis Crick Institute and LMB to be more open about animal work on their websites; LMB had gone on to win the an Understanding Animal Research (UAR) Openness Award. An important area of work the Communications team undertook was working hard to ensure balanced and reasonable coverage in the press of potentially difficult or controversial issues.

Mr Brydon thanked Ms Mullin for an excellent report and commended the Communications team for their work over the year. Members confirmed they were happy with the new format of the report which also included web links to the stories which had been featured.

10. White space: Building public confidence in research

Ms Nebhrajani introduced this item. She informed Council that recent evidence suggested that public trust in institutions was falling with the recently published IPSOS Mori Veracity Index 2015: Trust in Professions trending downwards for the question ‘would you generally trust these professions to tell the truth or not?’ Although trust in scientists remained high at 79 per cent, the rating had fallen slightly compared to 2014. Additionally, there was growing coverage of research issues in the media with articles covering topics such as: reproducibility and peer review failures, perceived industry bias and industry funding undermining trust in science and scientists ‘overselling’ research.

Other organisations in the sector were interested in working with the MRC to fully establish the reasons behind this change in attitude and address the issue and Ms Nebhrajani suggested it would be necessary to undertake deliberative work and surveys to help to understand public attitudes. This could be accompanied by articles in specialist and non-specialist press explaining how research funding worked and how potential conflicts of interest were managed. The MRC would also undertake internal work to ensure that protocols and processes for researchers were clear, for example, refreshing the guidance for MRC researchers on working with industry and updating the MRC website to explain why co-funding was important.

Council discussed the issue and emphasised the importance of the media presenting research stories more clearly to the public and providing follow-up where appropriate. Members suggested that the media themselves were partly responsible for the ‘overselling’ of science as they sought to sensationalise headlines and it was agreed that it needed to be clear to the public what could realistically be expected from scientific discovery. Members discussed the patient voice and there was consensus that participants in MRC funded studies could be useful advocates for MRC research. It was noted that Ms Nebhrajani had met recently with several key stakeholders including patient groups, trade bodies, research funders and health charities in England, to discuss this. She added that work would probably initially focus on the issues around research co-funded with industry since this encapsulated many of the broader issues.

Members highlighted the importance of clarifying which specific groups were to be targeted and for what purpose when talking about having ‘conversation with the public.’ There was some discussion regarding other organisations the MRC should work with to address the issue. Suggestions included medical research charities, industry, BIS and ESRC.
Finally, members considered the importance of openness and ongoing media engagement. It was suggested that it could be worth enlisting the help of an author such as Ben Goldacre, author of Bad Science, or Fiona Fox, Chief Executive of the Science Media Centre. Members highlighted that a lot of work had recently been undertaken to develop the Population Health Sciences Research Network website to help the public to understand research and suggested that the MRC could look at this for ideas.

Mr Brydon thanked Council members for their valuable input and asked Ms Nebhrajani to contact members individually to discuss their suggestions further.

11. Gender balance on MRC Council, boards and panels

Ms Holliday introduced this item and informed members that, following the Council discussion in October 2015, further work had been undertaken to identify appropriate targets to improve gender balance on MRC boards and panels.

Members confirmed that they were happy with the proposed target of maintaining 40-to-60 per cent female membership on Council given the relatively small size of Council. Members then turned to the proposed targets for the boards and panels and noted that the percentage of women in science decreased at more senior roles. There was some discussion regarding whether there was more that could be done to identify women who had not yet reached that career stage but who would be good on the MRC’s boards and panels. It was agreed that the proposal to ask Vice Chancellors to encourage equal numbers of male and female researchers to apply for board and panel vacancies would help to address this issue. Members also suggested that the MRC should look into introducing some form of formal recognition for scientists who sat on boards to help ensure it was taken into account in performance review and promotions.

Having considered the data in the paper, Council agreed that the MRC should aim to ensure that the percentage of female members on boards and panels was two percentage points above recent (two) years’ mean female grant application rates, or 34 per cent, whichever was higher. Members also agreed that a ‘comply or explain’ approach should be taken and an explanation should be provided to Council if the targets were not met.

12. Outcome of the quinquennial review of the Clinical Sciences Centre (CSC)

Dr Mulkeen introduced this item and highlighted that this was the second quinquennial review (QQR) that Professor Fisher had led the CSC through as director. The institute review committee had recognised Professor Fisher’s work in reshaping the CSC and pushing the boundaries in interdisciplinary work. The institute was now a much more cohesive whole rather than individual islands of excellence. The CSC had requested £95.4m from the MRC for the next five years which represented an £8.1m increase on level funding. However the section reviews had identified £6.1m in savings based on programme closures and other reduction and the final funding recommendation endorsed by Strategy Board was for £89.2m, which included £1.9m to enable the recruitment of a new Integrative biology section leader.

Dr Mulkeen informed Council that during the QQR the review committee had questioned whether the name of the institute was appropriate as the term centre did not reflect the standing of the CSC as an MRC institute and the word ‘clinical’ did not accurately describe the research activity of the institute.

Members noted the outcome of the review and were strongly supportive of the work of the institute and the director. Council approved Strategy Board’s recommendations including the overall scores (past and future) for the institute and the future resource envelope of £89.2m for science programmes, plus a small supplement towards estate costs.
13A. **University units update**

Council noted the progress with the university unit programme which had been outlined in the paper.

13C. **Clinical Trial Service Unit (CTSU) - Gateway Three Review**

Council considered the progress update and the key decisions/issues regarding the transfer of CTSU to a university unit within the University of Oxford; it was noted that upon transfer the unit would be renamed the MRC Population Health Research Unit at the University of Oxford (MRC PHRU). Council approved progression through gateway three and delegated responsibility for approving and signing legal agreements to Management Board and Sir John respectively.

14. **Council forward look for 2016/17 including draft agenda for May Council**

Council noted the 2016/17 forward plan for Council business and the draft agenda for the Council meeting on 12 May. Dr Peatfield highlighted that an additional item on the science commitment budget would be added to the May agenda.

15. **Any other business**

Dr Peatfield informed Council that the MRC had received a Freedom of Information request for the corporate risk register and it was likely that the majority of the register would be released. Dr McKernan reported that Innovate UK had received a similar request.