Minutes of the Council business meeting held at One Kemble Street on 1 March 2017

Present:

<table>
<thead>
<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)</td>
<td>Mr Sandy Bulger (item 8 onwards)</td>
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<td>Dr John Brown</td>
<td>Mr Hugh Dunlop</td>
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<td>Professor Doreen Cantrell</td>
<td>Mr Bruce Minty</td>
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<td>Professor Chris Day</td>
<td>Dr Declan Mulkeen</td>
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<td>Professor Dame Sally Davies</td>
<td>Ms Shar Nebhrajani</td>
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<td>Professor Dame Janet Finch</td>
<td>Dr Tony Peatfield</td>
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<td>Professor John Iredale</td>
<td>Dr Frances Rawle</td>
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<td>Professor Paddy Johnston</td>
<td>Mr Paul Tait</td>
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<td>Baroness Onora O’Neill</td>
<td>Dr Chris Watkins</td>
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<td>Dr Mene Pangalos</td>
<td>Ms Angelica Datta, item 8</td>
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<td>Professor Irene Tracey</td>
<td>Ms Pauline Mullin, items 8-10</td>
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<td>Dr Pauline Williams</td>
<td>Dr Sarah Dickson, items 9 and 10</td>
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Observers

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<th>Ms Jenny Dibden (BEIS)</th>
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<td>Ms Hilary Evans, CEO Alzheimer’s Research UK via teleconference (item 8)</td>
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<td>Mr Jeremy Hughes, CEO Alzheimer’s Society (item 8)</td>
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Guest

| Professor Bart De Strooper, Director of the UK Dementia Research Institute (item 8) |

Apologies:
Mr Richard Murley

1. **Announcements and apologies**

   Mr Brydon welcomed members to the meeting and informed Council that two new members had been appointed with effect from 1 March, Mr Richard Murley, lay member
and Dr Pauline Williams, industry member. BEIS had confirmed their appointments on 24 February. He welcomed Professor Iredale and Dr Williams to their first Council meeting and noted that apologies had been received from Mr Murley owing to the short notice given of his appointment to Council.

Mr Brydon also welcomed the new members of Management Board: Professor David Lomas, Deputy CEO, Sharmila Nebhrajani, Director of External Affairs, and Dr Chris Watkins, Director of Innovation; also Mr Paul Tait who was deputising for HR director Sally-Louise Smith. Dr Rob Buckle, Chief Science Officer, had sent his apologies for the meeting.

Mr Brydon was joined by Council in offering congratulations to the MRC-associated people whose achievements had been recognised in the New Year’s Honours:

- Professor Jim Smith, former MRC Deputy Chief Executive, had received a knighthood for services to medical research and science education.
- Professor Amanda Fisher, Director of the MRC London Institute of Medical Sciences (LMS) had received a DBE for services to medical research and the public understanding of science.
- Professor Jill Pell, Professor of Public Health at the University of Glasgow, and former Chair of the MRC Population Health Sciences Group, had been awarded a CBE for services to public health research.
- Professor Anne Willis, Director of the MRC Toxicology Unit, had been awarded an OBE for services to biomedical science and promoting the careers of women in science.
- Professor Jim Neil, Associate Director of the MRC-University of Glasgow Centre for Virus Research, had been awarded an OBE for services to the advancement of biomedical sciences.
- Professor Sir Alec Jeffreys, Emeritus Professor at the University of Leicester, had received a Companion of Honour for services to medical research and society. The early part of Sir Alec’s career in research had included support from the MRC.

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 extraordinary Council meeting of 13 December, the Joint Council/Strategy Board meeting and the Council business meeting of 14 December 2016**

The minutes of the extraordinary Council meeting of 13 December, the Joint Council/Strategy Board meeting and the Council business meeting of 14 December 2016 were approved as an accurate record.

4. **Matters arising**

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

Dame Janet updated members on the discussions at the CARAC meeting which had been held on 2 February at the London Institute of Medical Sciences (LMS).
4B. Report from the Ethics, Regulation and Public Involvement Committee (ERPIC)

Baroness O’Neill updated Council on the discussions at the ERPIC meeting which had been held on 11 January.

ERPIC had discussed the difficulties with developing a model for patient/public involvement with basic research. ERPIC had agreed it was important to establish the expected benefits of involving people/patients in MRC research, these were obvious for clinical and epidemiological research but less so for basic science, and that it was necessary to be honest about what could and could not be done.

ERPIC had also discussed the Nuffield Council on Bioethics’ proposal for renewal of funding and had noted that a new Chair appointment was pending.

ERPIC had considered the development of key principles and guidance for working with industry. Members had noted the considerable risks involved in working with the food industry particularly around the public perception and reputational risk.

Council agreed that it would be helpful to have a high level framework for working with industry. It was noted that Professor Day had chaired a review of nutrition research and human health for OSCHR which had been well received; the MRC was now going to take forward the idea of convening a UK Human Nutrition Research Partnership.

Council agreed that the MRC High Level Framework for working with industry should include a statement on what areas the framework was intended to cover as there would be some areas that were not covered such as nutraceuticals. It was agreed that the draft framework should be brought to July Council for discussion.

4C. Minutes from the Strategy Board meetings held on 13 December and 1 February

Sir John thanked Mr Brydon and Professors Cantrell and Day for attending the December Strategy Board meeting and Mr Brydon and Baroness O’Neill for attending the February meeting. He also informed Council that Helen Bodmer from BEIS was now a regular observer at Strategy Board meetings.

At the December meeting Strategy Board had received an update on the development of the MRC’s new mental health strategy and noted that the MRC strategic review of mental health would be published early in 2017. Strategy Board had also discussed the policy for MRC centres which specified a standard ten-year life span although support could be extended in exceptional cases.

Strategy Board had received an update on the Government’s Industrial Strategy and the plans for the Industrial Strategy Challenge Fund (ISCF) at both meetings. One of the eight challenge areas that had been identified was ‘Leading Edge Healthcare and Medicine’. The MRC had worked closely with Innovate UK to create a straw-man of challenge topics closely aligned to MRC strategic priorities including acceleration of the discovery pipeline though the Target Discovery and Validation initiative. Strategy Board had also been updated on the Global Challenges Research Fund (GCRF), including the awards made through the RCUK capability-building call; the MRC would lead on around ten consortia with responsibility for ~£50m ODA funding.

Additionally, at the February meeting Strategy Board had: approved core funding for UK Biobank, which had been scored ten out of ten by the Review Panel, for a further five years; discussed proposals for phase 2 of the UK Regenerative Medicine Platform (UKRMP); and supported the MRC’s approaches for addressing the global burden of Antimicrobial Resistance (AMR) through cross-Council initiatives and a proposed bid to the GCRF collective fund.
Council discussed the importance of establishing how the MRC’s mental health strategy related to other research council strategies in this area and noted that the MRC was meeting with officials from the other research councils to ensure the strategies were joined up. Members also highlighted that if the strategy included a focus on global mental health this could lead to opportunities for ODA funding.

5. **CEO’s report**

Sir John Savill introduced this item and informed Council that Mr Minty, Chief Operating Officer, would be retiring from the MRC at the end of June. The Nominations Committee had agreed at their meeting in December that Mr Dunlop, currently Director of Finance, should be promoted to the role of Chief Operating and Finance Officer from 1 April to allow some overlap prior to Mr Minty’s departure.

**The Crick**

Sir John informed Council that migration of staff and equipment to the Crick had been completed on schedule and the Mill Hill site had now been vacated.

Mr Brydon invited Professor Cantrell to provide an update in her capacity as the MRC representative on the Crick Board. Migration of staff to the Crick had gone very well and the staff were very happy in the new building. Recruitment for new early career fellows was underway and out of 380 applicants, 18 had been shortlisted. Of those, three were from the UK and six were female. It was hoped that four candidates would be appointed from the shortlist. The Crick Board had also received a report about plans to work on the culture of the Crick and a new head of equality and diversity had been announced.

**London Institute of Medical Sciences**

Sir John reported that the MRC Clinical Sciences Centre had been renamed the ‘London Institute of Medical Sciences’ (LMS) with effect from 1 January. A launch event would be held on 8 June which Council members would be invited to attend.

**UKRI**

Sir John informed Council that he was delighted by the appointment of Sir Mark Walport as the CEO designate of UKRI. Sir Mark had met the CEOs of the organisations which would form UKRI and would be meeting staff soon. He had agreed to attend the MRC Directors’ meeting in November and Council agreed he should also be invited to attend a Council meeting as soon as feasible to discuss his evolving plans for UKRI.

Council noted that Professor Chris Witty, Chief Scientific Advisor for the Department of Health, had been appointed Deputy Government Chief Scientific Advisor as backfill for Sir Mark two days a week from 1 April. Sir Mark’s Government Chief Scientific Advisor role would be formally advertised, and it was hoped a permanent appointment would be made by the autumn.

**UK Institute for Health and Biomedical Informatics Research (UKIHBIR)**

Sir John informed Council that interviews for a director to lead the UKIHBIR had been held on 21 February. The Director Appointment Panel had invited Professor Andrew Morris to be the first director of the UKIHBIR. It was hoped the appointment would be announced by the end of March. Members welcomed the appointment and agreed that Professor Morris should be invited to speak to Council in due course. A process was in train for deciding a shorter name for the institute.
6. Finance report

Council noted the finance report, which included the draft operating budget for 2017/18, an update on the 2016/17 forecast outturn and the year-to-date result to the end of January 2017.

7. Science commitment budget 2017/18

Dr Mulkeen introduced this item. Council had discussed the initial plans for the 2017/18 science commitment budget in December and the intentions were unchanged in the proposals presented to Council now for approval. The commitment budget available for 2017/18 was £335m. Dr Mulkeen presented the proposed budget breakdown and explained the methodology for the board allocations which involved reviewing the trends and patterns of demand across the boards each year, strategic funding plans, and other factors such as planned quinquennial reviews (QQRs) and centre renewals. He noted that all the boards had observed a fall in the number and value of grant applications in 2016 compared with previous years, perhaps as a result of the lower success rate experienced in recent years.

Council approved the budget allocations for 2017/18.

Sir John highlighted that although the government had made efforts to protect science funding, the discovery science engine in the UK had been starved of cash. The MRC was down to an average award rate of 18 per cent on a reduced level of demand (which had fallen by about a quarter). Careful planning had been undertaken to give the boards as much leeway as possible, however there was not enough money in the system to fund the quality that was coming through, which meant that an increasing number of very good proposals were not being funded. There was real evidence of pressure in the system.

Council agreed that this was a serious concern. Council discussed the matter in detail. Members noted that while there appeared to be bottlenecks in several places, the pressure was felt in different ways in different HEIs, but the overall cause appeared to be lack of money in the system. It would therefore be difficult to address these problems within existing resources.

Council requested data to identify the scale of the problem and how the situation had changed over time. This evidence would also be important to make the case for more money. It was agreed that a paper, with the requested data, should be presented at the May Council meeting.

8. Establishing the UK Dementia Research Institute (DRI)

Mr Brydon welcomed Professor Bart De Strooper, Director of the DRI, and Jeremy Hughes, CEO of the Alzheimer’s Society (AS) to the meeting. He also welcomed Hilary Evans, CEO of Alzheimer’s Research UK (ARUK) via teleconference.

Professor De Strooper presented his vision for the DRI and gave an update on progress with establishing the institute. He outlined the current situation and highlighted that despite the increase in dementia research capacity in the last ten years, new approaches and successful treatments were still limited. Current drug development was based on preliminary assumptions regarding the biology of the drug targets which had led to failures in clinical trials. The DRI was being established to accelerate the research agenda. The available, initial understanding of mechanisms underlying neurodegenerative disorders demonstrated common fundamental biological pathways that in principle should be treatable by medication.
The hub of the DRI would be based at UCL as had been approved by Council and the centre selection competition had been launched in December with the expectation that awards would be made in late March/early April. The selection of the foundation DRI scientific programmes was also in progress. There would be a separate process to identify a DRI centre focused on care research which would be initiated in 2018 following the recruitment of an associate director to lead this component of the DRI’s activity.

Professor De Strooper summarised the key goals for the DRI and explained that the DRI would achieve its goals through three inter-related missions:

1. Interdisciplinary research – connecting disciplines to open new possibilities; engaging novel technologies; and research into care-related and public health aspects of dementia to address the needs of those already living with dementia.
2. Connecting to translational opportunities through early involvement of clinicians and industry; ‘immersion’ training of scientists (clinical/commercial); proactive IP identification and technology transfer with a single DRI IP policy to facilitate partnerships.
3. Communication – to build stakeholder relationships and ensure impact through effective internal and external communication. This would require a proactive DRI communications strategy and a dedicated communication function would be established to cover both external communication and internal communication with the researchers throughout the institute.

Looking to the future, Professor De Strooper envisaged that more would be known about how lifestyle contributed to the condition and it would be possible to determine the risk of getting dementia through genetics, lifestyle etc. Progress in imaging and early detection would mean that people would be diagnosed with these conditions when they were younger and intense treatment could be offered to lead to stabilisation at an early stage of the disease before substantial neuronal loss occurred.

The Chairman thanked Professor De Strooper for an excellent presentation. Council discussed the plans to create attractive IP packages to attract investors and drug companies to further drug development. It was noted that it was not the institute’s primary goal to generate income from IP and the institute agreement would set out the formal and legally binding relationship between DRI Ltd and each university hosting the DRI hub and centres.

Council turned to the importance of tools in relation to diagnosis. Members highlighted that being able to link a targeted mechanism with a clear way to measure response would be critical. Members also discussed the regulatory environment and suggested that the DRI would be in a strong position to influence the regulatory authorities. Professor De Strooper agreed that this might be a possibility although he stressed that the primary mission of the DRI was to focus on research. Mr Hughes reported that he had recently attended a meeting of the World Dementia Council (WDC) and the WDC’s priority was to bring world regulators together to influence the regulatory environment. This would take place in parallel to the work of the DRI.

Sir John welcomed Professor De Strooper’s goal of attracting scientists from other fields to dementia research. There was some discussion regarding the need for broadly predictive animal models in the field. Professor De Strooper confirmed that, although the current models were better than was being claimed, developing new practical mouse models would be a priority. He would define with the centre directors what models were needed and colonies would be supported centrally which would provide the advantage that many researchers in the institute would be using them and could compare data.

Members highlighted that one of the great advantages the UK had was platforms in open science and the open data-sharing culture and queried the DRI’s approach to this. Professor De Strooper confirmed that other universities would also be able to access the DRI’s platforms. Tools, equipment and technology had to be open and IP could not be
allowed to get in the way of that. IP would only be a consideration if it was useful to develop a drug or diagnostic.

Finally, members queried when the building for the hub at UCL would be complete. Professor Lomas explained that the hub would be housed in refurbished interim facilities until the building was finished in 2022, subject to BEIS approval of a value for money case to be submitted by the MRC.

Mr Brydon concluded by thanking Professor De Strooper for coming to talk to Council and wished him great success with the venture.

9. **MRC public engagement and communication update 2016**

Ms Mullin introduced this item and informed Council that 2016 was the second full year of implementation of the MRC Communication and Engagement Strategy, which Council had approved in October 2014. The report provided to Council demonstrated progress against the ten communication objectives and Ms Mullin summarised selected examples to illustrate how these had been met. She also highlighted that over the course of the year the External Affairs team had engaged with over 100 Ministers and peers on various aspects of research. The media had been used as a way of reaching parliamentarians, for example, the Radio 4 Today programme in particular was known to have quite wide cross-party appeal.

Ms Mullin then drew Council’s attention to two notable highlights:

- **The announcement of the UK Dementia Research Institute Director and hub** – given the importance and scale of the institute a dedicated communications manager had been appointed to support it. This included liaison with communication leads in the two charity partners, Alzheimer’s Society and Alzheimer’s Research UK. The first communications campaign for the DRI had been the announcement of Professor De Strooper as the director and UCL as the hub. A successful multi-channel communications campaign had been delivered including wide-ranging coverage and an eight minute feature on the BBC Radio 4 Today programme on 14 December during which Professor De Strooper had been interviewed live.

- **The MRC Festival of Medical Research, 18-26 June 2016** – this was a legacy of the MRC centenary open week (2013) and had been launched in 2016 with the aims of engaging the MRC community, building trust in medical research and increasing awareness of the benefits of medical research. The inaugural festival had involved 35 MRC units, institutes and centres which had delivered over 50 events for the public, staff or other non-scientific audiences.

Ms Mullin concluded by playing some short video clips from the MRC Festival for Council.

Mr Brydon thanked Ms Mullin for the update and commended the communications team for the huge amount of activity that had been undertaken during the year.

A member queried the wording of the first communication objective: ‘Ensure the MRC is perceived as a trusted authority on medical research’ and agreed to discuss the matter with Ms Mullin outwith the meeting.

10. **Data access/sharing and open science**

Dr Rawle introduced this item and reminded members that following an update at the October 2016 meeting on the Information Tribunal decision requiring the release of anonymised individual patient data from the MRC-funded PACE trial, Council had agreed that it would be useful to have a broader discussion on data access. Dr Rawle highlighted
that there had been a lot of focus recently on promoting open science and open data both as a means of addressing the problem of reproducibility in research and to promote discoverability and re-use of data for further research.

The paper identified a number of key questions for members to consider. Council agreed that it would be useful to have wider input from the MRC scientific community. It was agreed that Strategy Board, Board, Panel and Overview Group members and unit/institute and centre directors should be consulted in order to inform a more extensive discussion at the July Council meeting.

There was some discussion regarding the importance of research protocols. Members highlighted that imaging platforms were very positive and supportive of sharing and provided protocols for access. Members had also noticed a shift in scanner activity as users were able to re-use data so were not acquiring as much primary data. This meant there was less need for grant funding for this purpose.

Finally, members commented that those opposed to promoting data sharing thought that there was nothing in place to regulate access, so it would be important to think defensively. Members also highlighted the need to clarify the legal position once the EU General Data Protection Regulation was implemented in May 2018 as the UK would still be a member of the EU at that stage.

11A. University units update

Council noted the progress with the university unit programme which had been outlined in the paper. Mr Minty announced that the MRC Mitochondrial Biology Unit had successfully transferred that day to the University of Cambridge as an MRC University Unit. The unit would now be known as the Medical Research Council Mitochondrial Biology Unit (MRC MBU) at the University of Cambridge.

12. Council forward look for 2017/18 and draft agenda for the May Council meeting

Council noted the forward look for 2017/18 and the draft agenda for the May Council meeting. Mr Brydon requested that members send any suggestions for white space items to Dr Peatfield.

13. Any other business