Minutes of the Council business meeting held at One Kemble Street on 7 May 2014

Present:

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<th>Council</th>
<th>Head Office staff</th>
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<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</td>
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<td>Professor Jeffrey Almond</td>
<td>Mr Hugh Dunlop</td>
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<td>Professor Michael Arthur</td>
<td>Dr Alex Langley</td>
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<td>Professor Chris Day</td>
<td>Mr Bruce Minty</td>
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<td>Professor Dame Sally Davies</td>
<td>Dr Declan Mulkeen</td>
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<td>Dr Richard Henderson</td>
<td>Ms Jacki Paton</td>
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<td>Professor Dame Sally MacIntyre</td>
<td>Dr Tony Peatfield</td>
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<td>Dr Ruth McKernan</td>
<td>Dr Frances Rawle</td>
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<td>Professor Paul Morgan</td>
<td>Dr Jim Smith</td>
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<td>Baroness Onora O’Neill</td>
<td>Mr Ted Smith</td>
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<td>Dr Mene Pangalos</td>
<td>Mrs Carole Walker (items 1 to 7)</td>
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<td>Professor Michael Schneider</td>
<td>Dr Mark Palmer (item 9 only)</td>
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<td>Guests</td>
<td>Dr Catherine Elliott (item 11 only)</td>
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<td>Mr Mike Stephens (item 12 only)</td>
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Apology:
Ms Vivienne Parry

Council session

The meeting began at 1.00pm.

1. Announcements and apologies

Mr Brydon welcomed members to the meeting and introduced Professor Dame Janet Finch, who would be observing the meeting in advance of beginning her term on Council starting in October.

Mr Brydon announced that including Dame Janet, four new members had been appointed to Council by the Minister for Universities and Science, David Willetts. Professor Doreen Cantrell, Dame Janet and Professor Patrick Johnston had been appointed as scientific...
members and Dr John Brown had been appointed as a member with experience in industry. The four-year appointments would all begin on 1 October 2014.

Professor Almond, Professor Arthur and Dr Henderson would step down on 30 September 2014 and therefore their last Council meeting would be in July.

Mr Brydon updated members on Mr Tony Caplin’s recent resignation from Council. He informed members that Professor Arthur (currently deputy chair of the Council Audit and Risk Assurance Committee (CARAC)) had agreed in principle to become Chair of CARAC until he stepped down from Council on 30 September. Council approved Professor Arthur's appointment as Chair of CARAC until the end of his term on Council, and noted that the Nominations Committee would meet to advise Mr Brydon on the appointment of a new CARAC chair to take over from Professor Arthur upon his departure.

Mr Brydon informed Council that, in accordance with the new Government guidelines, all Council papers were now marked either ‘OFFICIAL’ or ‘OFFICIAL-SENSITIVE’. He reminded members that all Council papers were confidential and should not be copied elsewhere.

Lastly, Mr Brydon noted that apologies had been received from Ms Parry.

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 Council meeting held on 12 March 2014**

The minutes of the Council meeting held on 12 March were approved as an accurate record.

4. **Matters arising**

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

Mrs Walker introduced the report from the Council Audit and Risk Assurance Committee (CARAC) and the Council Finance Committee (CFC) meetings held on 27 March 2014. She drew members’ attention to the CARAC and CFC annual reports which had been included in the papers and summarised the discussions that had taken place at the March meetings.

Mr Brydon informed Council that CARAC had also held an informal meeting on 24 April consisting of briefings on a number of subjects.

4B. **Role of the Council Finance Committee (CFC)**

Mr Brydon reminded members that the CFC had been set up to advise Council on a number of financial areas. This had been partly in response to the concern that sufficient scrutiny of financial information could not take place at Council. The CFC had no delegated authority over financial matters and members had sought clarity on their role and remit. The role of the CFC within MRC was different to the operation of such a committee within the corporate sector as accountability within the MRC rested with the Chief Executive as Accounting Officer. Some CFC members had found it difficult to understand their role within the MRC’s accountability structure. Council approved the recommendation to disband the CFC and agreed its responsibilities could be adequately covered by CARAC and Council. For Council this would involve consideration of an
4C. **Remuneration Committee**

Mr Smith reported that the Remuneration Committee (RemCom) had met the previous day (6 May) for their main meeting of the year.

RemCom had also reviewed proposals to ensure staff felt recompensed and rewarded for sustained excellence in performance by opening the final part of the pay band (the S-zone). Peer review panels would be set up to ensure the promotion of staff to the S-zone was as fair as possible and not just based on the line manager’s subjective decision.

RemCom had approved end-of-year bonuses in line with government guidelines that up to 25 per cent of staff could be awarded a bonus comprising no more than 0.8 per cent of the total pay bill. One member queried whether unit staff were disadvantaged compared to Head Office staff because of the way budgets were set and controlled but Mr Smith explained that this was not the case and that all budget-holders had an equal opportunity to pay bonus payments.

RemCom had also had a detailed discussion about the MRC’s Awards to Inventors (ATI) scheme and whether it could be improved to provide more of an incentive to MRC staff and make it more competitive compared to university schemes. A proposal would be drafted for discussion at the October RemCom meeting, and their recommendations would be brought to Council for approval.

Council noted the update and queried what was happening with salaries in MRC university units. Mr Smith informed members that under TUPE, staff had transferred with their MRC terms and conditions. Some universities awarded MRC transferees the same pay rise as that awarded to university employees, whereas others mirrored what the MRC did. Unit budgets remained the same as before the transfer, so if a higher pay rise was awarded this would impact on the unit’s financial headroom. Some universities were aiming to appoint all staff to university pay scales which might mean a slightly higher salary but a lower pension. Staff were advised to take financial advice before making a decision and a number had so far transferred to the university pay scales.

4D. **Update from the Strategy Board meetings held on 20 March and 1 May**

Sir John Savill introduced this item and thanked Professor Day, Dame Sally Macintyre, Professor Morgan and Professor Schneider for attending the March Strategy Board meeting.

The meeting had included updates on: the discussions of the MRC Review of Molecular Pathology at the Office for Strategic Co-ordination of Health Research (OSCHR); progress with the Clinical Research Infrastructure Initiative; how the £50m available for the Medical Bioinformatics Initiative had been allocated; the successful renewal of the MRC-Public Health England Centre for Environment and Health; discussions with the Indian Council for Medical Research regarding alcohol abuse and the physical and social harms caused by alcohol; plans to visit the MRC-NIHR Phenome Centre to ensure it was being well established; and stage 2 of the UK Dementias Research Platform which would include the use of live assets and presented a novel way of working that had the potential to transform the way dementia research was conducted in the UK.
Strategy Board had considered early plans for the MRC Mitochondrial Biology Unit (MBU) put forward by the new director, Professor Massimo Zeviani. Strategy Board had also discussed plans for a cross-council initiative on antimicrobial resistance. The MRC had set up an Antimicrobial Resistance Funders Forum comprising research councils, health departments, government bodies and charities for developing a co-ordinated approach for addressing research related to antibiotic resistance in humans and animals. Strategy Board had approved a commitment of £9m from the strategic budget to support the cross-council initiative. This would supplement a £6m Infections and Immunity Board commitment and discussions with the other research councils were ongoing with the expectation of achieving a total £20m funding pot.

Finally, Strategy Board had supported the high level strategic vision and objectives submitted by the new director of the Social and Public Health Sciences Unit (SPHSU) at the University of Glasgow, Professor Laurence Moore.

Sir John briefly updated members on the discussions at the 1 May Strategy Board meeting which no Council member had been available to attend. This had included consideration of the recommendations from a report on opportunities for translational approaches to trauma research. Strategy Board had endorsed a focus on the early response to acute trauma and approved a cross-board highlight notice to encourage experimental medicine studies in the area and the exploration of commissioning efficacy and mechanisms evaluation studies on the early response to trauma through the Efficacy and Mechanism Evaluation (EME) Board. The minutes of the May Strategy Board meeting would be included in the papers for the July Council meeting.

5. **CEO report to Council**

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

**Awards to inventors**

Sir John informed members that Dr Henderson had sent a letter to Mr Brydon outlining his concerns regarding the lack of incentive and inflexibility of the MRC's awards to inventors scheme. As reported (above) by Mr Smith, the matter would be looked at by RemCom and reported to Council.

**Triennial Review of the Research Councils**

The Triennial Review had finally concluded and the report had been circulated to Council members in April. A key recommendation of the report was for the research councils to work with BIS to establish a rigorous performance management framework. The research councils would also investigate the different percentage of funding and energy they each committed to public engagement work to conclude what would be appropriate. Another key point for the MRC was to ensure that all future unit and institute reviews met with Cabinet Office requirements, including consideration of alternative delivery options. Council noted that this was already standard practice for MRC quinquennial reviews (QQRs) and was included in QQR guidance.

The Triennial Review had also recommended that the CEO’s role and the deputy chair of Council should be separated. BIS would bring proposals to the joint BIS/RCUK strategy group in September which would include a process for updating the research councils’ Royal Charters to put the proposal into effect.

**Genomics England**

Council noted that Genomics England was not currently eligible to apply to the MRC for funding although Genomics England scientists could be co-applicants on HEI grants. Strategy Board had agreed that, if required, Genomics England could be established as
an RCUK independent research organisation and thus eligible as a direct recipient of MRC funding. Council were supportive of this proposal.

Sir John informed Council that he had received a letter from Professor Mark Caulfield, Chief Scientist of Genomics England, inviting the MRC to join the Genomics England Clinical Interpretation Partnership. Strategy Board had been supportive of the concept of the partnership and the provision of UK wide access to Genomics England data. Council agreed that the MRC should join the partnership.

6. Finance report

Mr Dunlop introduced this item and updated Council on the provisional outturn for the year which had changed slightly since the paper had been circulated. Programme Resource Near Cash expenditure was £0.2m less than forecast, well within the MRC’s objective as set by BIS to ensure that programme expenditure was within one per cent of budget. Capital expenditure was now £0.5m less than forecast as result of slippage on projects in Uganda and the Gambia.

Administration expenditure was £3.4m less than forecast as expected largely as a result of a hiatus on migration to a new version of Oracle. BIS had been advised in February of the expected underspend so it could be utilised elsewhere if required.

Mr Dunlop reported that BIS had finally informed the MRC that there would be a 10.8% cut to the administration allocation for 2014/15. This was a bigger cut than had been expected and could limit the MRC’s ability to participate in projects such as the grants repatriation project to bring back pre-award activities from the SBS to the RCUK framework. Council noted that the university unit transfers had eased some pressure on the administration budget as those costs were now classed as programme, although the amounts were not significant. Additionally, one of the recommendations from the Triennial Review was to consolidate the back office functions of the research councils where possible and this would hopefully help the MRC to manage future cuts to the administration budget.

Council noted that one of the risks of ongoing cuts to the administration budget while the programme budget was maintained was that there could be insufficient administration staff available to support the programmes.

7. Risk Management Annual Report 2014/15

Mrs Walker introduced this item. The Risk Management Annual Report provided a summary of the activities in relation to risk management that had taken place during 2013/14. Council noted that the MRC used the Risk Management Assessment Framework as a benchmarking tool to measure improvements in risk management. The MRC’s results for 2013/14 showed a steady increase or a very stable and consistent risk management culture. Council agreed that CARAC should be tasked with deciding what score the MRC should aim to achieve in each area of the framework (one-lowest to five-highest). It was noted that HM Treasury did not necessarily expect organisations to achieve level five, but to achieve a level that was reasonable given the resources required.

Mr Brydon thanked Mrs Walker and the risk management team for their good work.

8. The Crick – update and progress with transition

Dr Smith provided Council with an update on progress with establishing the Francis Crick Institute and the transition of NIMR, the CRUK London Research Institute (LRI) and researchers from Imperial College, King’s College London (KCL) and University College London (UCL).
The Crick Board and the founders had approved a proposal to undertake adaptation works, to accommodate the research groups transferring from NIMR and LRI, through a variation to Laing O'Rourke's main contract. The work would cost the Crick £13.8m and would be funded from set-up costs. The completion date for the Crick had been extended to 3 November 2015 (from August 2015) to accommodate the works. There would be no impact on the construction budget or the MRC's contributions.

Council noted the £13.8m cost of the adaption works and queried what this would include. Dr Smith informed members that the lay-out would be adapted to accommodate the needs of 15 new research groups transferring from NIMR and LRI that had not been catered for in the original design. Careful scrutiny had been given to the decision and every effort had been made to minimise changes and costs, which included fees and contingency. The in-contract extension had been found to be the more economical and sensible way to get the work done, and £13.8m was not a large amount in proportion to the overall cost of the building.

Dr Smith turned to scientific interactions with the HEIs. He informed members that interactions with the three universities were co-ordinated through a committee co-chaired by himself and Robert Lechler (King's College London). The aim of the committee was to ensure that the founding institutes interacted effectively with the universities. Recent conversations had focused on how it would be decided which HEI researchers would work in the Crick. The HEIs were also recruiting clinical professors to provide leadership and encouragement to staff in the Crick. The HEIs would also bring in translational skills.

Finally, Dr Smith updated Council on discussions regarding the operational budget for the Crick. Sir Paul had raised concerns that there would be a budget shortfall (derived in part from the cost of running the building with initial partial occupancy and increased London weighting salary costs for NIMR researchers) and had enquired whether more money might be available from the MRC and CRUK. Sir John Savill informed Council that he did not plan to increase the MRC’s core commitment to the Crick. He had written to Sir Paul outlining MRC funding to the Crick which included: recurrent funding for science; capital funding for science; and a new stream of MRC funding for translation. He had also reassured Sir Paul that the research councils would accept grant applications from the Crick which could lead to additional funding from competitive awards. Sir John explained to Council that there was a strong case for putting specific investment in to stimulate translation in the Crick and track it. The MRC would provide funding as part of the “Proximity to Discovery” initiative and envisaged funding of around £1m, possibly building up to ~£2m per year supporting a translational leadership team and “Confidence in Concept” projects. Sir John was also keen that other funders would match this over time.

Council supported Sir John’s response to Sir Paul and agreed that no additional core funding from the MRC should be allocated to the Crick at this stage. Dame Sally Davies informed members that it had been written into the contracts of NIHR Biomedical Research Units (BRU) that they would fund fellowships for the Crick and the Crick would be responsible for their running costs.

Council discussed the risk that the construction and operation of the Crossrail2 underground railway line would jeopardise the use of sensitive equipment in the Crick because of vibration and electromagnetic interference. Tests had been carried out to measure the current positions on vibration and electromagnetic fields and further meetings would be held with the Crossrail2 project team to correlate and agree the results. Mr Clayton raised a concern regarding Transport for London’s argument that Thameslink rail improvements in the vicinity would degrade the subterranean environment to the extent that Crossrail2 would have no significant additional impact. Mr Bulger reassured members that the design of the building had taken the location of the Thameslink lines into account and sensitive equipment had been located in the best spot to reduce impact. However, if Crossrail2 went ahead it was possible that expensive
remediation works would have to be undertaken to protect the use of equipment in the Crick.

Council members asked for an update on the development of plans for the Crick to engage with HEIs outside of London. Dr Smith confirmed that this remained a goal of the Crick but priority was being given to establishing engagement with the three university partners at this stage. In the longer term engagement outside of London would come in part from the ‘6+6’ career structure at the Crick. Council agreed that at the next OSCHR Board meeting Dame Sally Davies and Sir John could raise the idea of HEIs outside of London using the BRU model, once it had been established, for engagement with the Crick.

The Chairman thanked members for their input and noted that Sir Paul would be invited to attend the joint Council/Strategy Board meeting in December to discuss progress on the Crick.

9. **Oversight of the MRC’s international engagement**

Dr Palmer, the MRC’s Director of International Strategy, introduced this item and presented an overview of the MRC’s international activities and how they related to delivery of the MRC’s strategic aim three – going global. The MRC’s strategy, Research Changes Lives 2014-2019, had two broad objectives for delivering this aim:

- International partnerships and shaping the agenda – to provide international leadership in partnerships which enhance the competitiveness of the UK knowledge and health base and to influence the international research agenda.
- Global health – to support global health research that addresses the inequalities in health which arise particularly in developing countries.

The MRC participated in many long-established international agreements which enabled the UK to leverage resource and support research that could not otherwise be delivered alone. The Human Frontier Science Program (HFSP) was an example of this and it was unique in that it enabled researchers across a wide range of countries to submit proposals for funding from each of the partners and provided an opportunity for interdisciplinary teams to explore innovative high risk ideas at the forefront of life science research.

One of the areas where the MRC provided leadership and influence was through the International Agency for Research on Cancer (IARC) for which Dr Palmer was the Chair of the Governing Council. IARC was an agency of the World Health Organization and its objective was to promote international collaboration in cancer research. An example of IARC’s work was the World Cancer Report 2014 which provided a definitive global assessment of cancer statistics, causes and mechanisms. The MRC’s contribution to IARC for 2014 was €1.092m, and the total income from member states contributions was €20m. The agency also had direct income from other competitive grant awards of around €7.5m.

Dr Palmer then updated members on the research councils’ efforts to identify suitable projects for the Newton Fund which aimed to build science and innovation capacity in developing countries. The fund would allocate £75m per annum for five years from 2014/15 for activities as part of the UK’s Overseas Development Assistance (ODA). Various delivery partners had prepared bids to define the scale and scope of the activities that they might be able to support. For the MRC this included activities with China, India, South Africa, Brazil and South East Asia. As the funds had to be spent rather than committed within the five financial years, it was going to be difficult to launch new calls that would spend money in the first year. The MRC therefore had some well-developed ideas for capital investment that could be used to allocate funds within a short turn-around time such as building a new training centre in the Gambia costing £3-3.5m.
Members thanked Dr Palmer for the update and discussed the Newton Fund. It was noted that ODA funding had to meet certain criteria which could be difficult. Dr Palmer reassured members that the research councils’ bid actually exceeded the available budget and a prioritisation exercise would need to be undertaken to select which activities to pursue.

Council then discussed the MRC’s international funding. It was noted that the majority of overseas funding was allocated via UK HEIs. The MRC also spent just under £18m per annum on international subscriptions which went directly to overseas organisations. There was some discussion about how the MRC benefitted from this spend. Sir John informed members that the MRC had a very strong profile internationally and Dr Palmer was held in very high esteem. The MRC got very good value out of its international activities and also gained knowledge about the work other countries were involved in such as China.

10. **MRC/MRCT relationship**

*It was noted that Dr Mulkeen was a member of the Board of Trustees of MRCT and Dr McKernan was on the Board of Cancer Research Technology. Both remained in the room and participated in the discussion.*

The Chairman welcomed Dr Dave Tapolczay, Chief Executive of Medical Research Council Technology (MRCT), and Mr John Jeans, Chairman of the MRCT Board, to the meeting.

Dr Tapolczay presented an overview of the impact on MRCT’s strategy as a result of the MRC’s changing need for technology transfer support and evolving translational research activities. MRCT was an independent charitable organisation and, in March 2012, the Articles of Association and charitable objects of MRCT had been formally modified to reinforce independence from the MRC. The emergence of the ‘valley of death’ between basic research and industry had called for a new approach and office-based technology transfers activities had to be supplemented with lab based scientific approaches in order to bridge the gap by providing industry partners with a pipeline of commercially viable projects and services. MRCT’s mission was to transform scientific discoveries into health and wealth for society. The MRCT team had 144 staff members, including 71 research based staff with significant industry experience.

In addition to providing support to the MRC, MRCT would continue to identify new partners that would benefit from their capabilities and the core skills that they could provide. Examples of these partners included a number of UK based medical charities, international medical charities, UK and international universities, UK and international pharma and biotech companies and the UK government through UKTI.

Dr Tapolczay concluded by suggesting the MRC/MRCT relationship could be further developed in the future by developing closer strategic scientific collaborations and continuing to seek ways MRCT could help broker innovative partnerships for the MRC with the healthcare sector.

Council members thanked Dr Tapolczay for his presentation and queried how many start-ups MRCT had helped to create. Dr Tapolczay responded that MRCT had, over time, formed 18 start-ups including Celltech, CAT and Heptares, the last of which had been founded in 2007 to develop and commercialise pioneering research from LMB and NIMR. He explained that MRCT’s role was to work with the principal investigators (PI) and advise them on the best way to commercialise their inventions; the final decision on which route to take rested with the PI.

Members noted that MRCT was very well regarded and considered to be a very successful technology transfer organisation and queried how it compared to other technology transfer organisations. Dr Tapolczay explained that it was difficult to compare as they had different business models. Using the number of companies created as a
metric of success did not provide the whole picture and a better measure would be to look at the value created for the UK economy.

There was some discussion about MRCT’s in-house expertise in the early stage development of small molecules and antibodies through the Centre for Therapeutics Discovery. Members suggested that MRCT’s capacity for wet lab R&D could be its unique selling point, especially since it was not limited to a specific disease and could focus on research across the spectrum.

Members discussed whether moving MRCT out of the public sector had provided any benefits. It was noted that the trustees now had more freedom to pursue the objectives of the charity, but they were still governed by UK charity law and there were limitations around this.

Members noted that the Babraham Institute had launched a technology transfer arm to manage and commercialise the intellectual property portfolio of the institute and suggested that thought should be given as to whether it would be worth the MRC establishing a new company it had complete control over to deliver desk-based technology transfer services.

Finally, with regards to MRCT’s mission, members noted that as a charity MRCT was a non-profit making organisation and its primary purpose was to improve health by improving the commercial translation of medical research. Making money was not the primary goal. This allowed MRCT to focus work on areas, such as malaria, where there was not a lot of money to be made.

Mr Brydon thanked Dr Tapolczay and Mr Jeans for attending the meeting and noted that Council would consider the issues raised in the discussion at their next meeting.

11. Research data relating to humans

Dr Elliott, Director of Clinical Research Interests, introduced this item and updated Council on developments and actions in relation to the draft EU Data Protection Regulations (EUDPR). She reminded members that the proposed amendments to the Regulation would render much of the current research in the UK and EU that involved large scale epidemiology, genomic or other datasets ‘at best unworkable and at worst illegal’. The next stage of the EU process was trialogue between the Council of Ministers (in this case, Ministers for Justice), the EU Parliament and the Commission. The MRC had continued to work in close partnership with the Wellcome Trust and other organisations to communicate the significant risks the amendments would pose to research and to provide examples of research outcomes that would be adversely impacted.

The discussions about the EUDPR had highlighted an over-emphasis on consent as a measure to protect privacy and confidentiality of data and information. To provide a high assurance of privacy, confidentiality and respect for data, the total environment in which data were obtained, stored, linked and used had to be considered. There had been recent focus on a sub-group of secure environments, described as ‘safe havens’, in which de-identified data could be held and linked to other data to provide linked datasets for research. However, there was inconsistency in the use of the term and the MRC would look to establish a definition of safe havens that would be widely accepted and consistent with current legislation and models. The key principles of the model would be to:

- Provide secure environments for data storage
- Ensure that the risks of identification of individuals were minimised
- Provide access only to those who met certain requirements and complied with certain obligations.
- Ensure excellence in data cleaning and linkage.

The MRC would work with the Academy of Medical Sciences (AMS) and partners to provide a clear description of ‘safe havens’.
Members stressed the point that if the EUDPR went through as proposed, not only would it threaten research, but it was also ethically inadequate owing to an over-reliance on consent as the sole criterion for the re-use of data and lack of recognition of more effective mechanisms for ethical governance of data.

Members also noted that AMS had held a workshop on ‘data in safe havens’ in March which the MRC and Wellcome Trust had jointly supported. The workshop had included discussions regarding a range of current models of ‘safe havens’. The report of the workshop was not yet available but it would be useful to have this in order to produce a positive proposal of models that were robust and provided adequate privacy. Members agreed that in the current climate of heightened interest about security it would also be incredibly important for the MRC to provide concrete examples of what safe havens were and what was meant by them in order to win over hearts and minds. Sir John informed members that he had spoken to the British Heart Foundation about bringing the patient voice to the matter by identifying patients who would be willing to stand up and say ‘if sharing my data would save another life then I would like it to be shared’.

Members stressed that the risk regarding the potential impact of the EUDPR would need to remain very high on the MRC’s risk register and include what actions would be taken if the amendments were approved. Council agreed that it would be useful to provide real examples of research that would be severely affected by the proposed amendments to the EUDPR such as UK Biobank which held a mix of data types all with broad consent. It would also be useful to highlight research that could not have been undertaken if the EUDPR had been in force at the time. Sir John reminded members that a letter had been sent to all UK MEPs to highlight the threat to scientific research posed by the EUDPR. The letter had been signed by representatives of ~50 EU funders although it was not known how actively those organisations were in following-up the issue with their countries’ MEPs.

Although the MRC did not have a specific budget for it, a lot of time had been allocated to deal with the potential EUDPR issue. An appointment to the new post of Director of Public Affairs would be made in June and it was expected that the appointee would undertake a lot of work in the area.

Finally, it was noted that Science Europe had been very active in campaigning to raise awareness of the issue; also members suggested that the League of European Research Universities should be asked to lobby the directorates directly.

12. Safety, security and resilience annual report

Mr Stephens, Head of Safety, Security and Resilience (SSR), introduced this item. He provided Council with an update on safety, security and resilience management performance across the MRC’s establishments and outlined some of the key successes of the year including the implementation of computer-based training for fieldworkers at MRC Unit, the Gambia. This replaced the previous lecture based format which was much more time-consuming and depended on a dwindling number of fieldworker trainers which made operations less resilient. The e-learning syllabus had been very successful and there had been a huge decrease in the number of mistakes and errors in transposing data. From a health and safety perspective, fieldworkers had reported an increase in awareness of safety issues and in compliance in wearing protective equipment. Fieldworker travel for training had also been reduced thus reducing the likelihood of accidents on African roads. As a result of its success, there were plans to expand the programme in the Gambia and also to translate it to MRC Uganda.

Members then discussed accident reporting and noted that there had been a rise in overall accident figures for 2013. The reason behind this was thought to be the introduction of a new accident reporting system which allowed a greater number of staff access to on-line reporting alongside additional efforts to make staff aware of the system and the importance of reporting accidents. Members noted that the MRC’s accident rate was around the same as that at universities. Members suggested that in the future it
would be useful to include benchmarks in annual report to show how the MRC’s accident rate compared to universities and industry.

Finally, members approved the MRC Health and Safety Policy Statement which had been included in the paper.


Council agreed with the report on delivery of Council objectives for 2013/14 which had been included in the paper. Council also approved the proposed objectives for 2014/15.

Mr Brydon thanked Council members for their input at the recent appraisal meetings. A group of common themes had emerged from the discussions and the office would follow up on these suggestions. Mr Brydon noted that members had requested more unallocated space on the agenda to allow time for member’s suggestions of topics. This had been addressed in part by the inclusion of items which had been suggested by members through the effectiveness review in 2013. Additionally, 10 to 15 minutes of ‘white space’ would be added to each Council agenda to allow members the opportunity to raise any topics of interest.

14. **Draft programme and agenda for July Council**

Council noted that the July Council meeting would be held in Newcastle/Gateshead and would include the annual open session attended by local stakeholders.

Dr Mulkeen proposed to include a matters arising item on MRCT on the business session agenda to follow up on the themes that had been discussed earlier.

15. **Any other business**

Council noted that Sir John and Mr Brydon had spoken to Ministers regarding the proposed Pfizer takeover of AstraZeneca and had made them aware of what the science consequences might be.