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Minutes of the Council meeting held at the British Academy on 10 July 2018

Present:

Council	Head Office staff
Professor Fiona Watt (Executive Chair)	Ms Sam Bartholomew
Dr John Brown	Dr Rob Buckle
Dr Roger Highfield	Mr Hugh Dunlop
Professor Sir Munir Pirmohamed	Dr Declan Mulkeen
Professor Eleanor Riley	Mrs Helen Page
Dr Graham Spittle	Dr Frances Rawle
Dr Pauline Williams	Ms Susan Simon
Professor Charlotte Watts	Dr Katy Ingleby
Dr Louise Wood	Mrs Kate Aylett (items 1-6)
	Dr Heike Weber (items 1-6)
Apologies	Dr Joanna Robinson (items 1-6)
Professor John Iredale	Mrs Carole Walker (item 7)
Mr Richard Murley	
Dr Mene Pangalos	Guest – item 13
Professor Jill Pell	Helen Cross, UKRI
Professor Irene Tracey	

1. Welcome and introductions

Professor Watt welcomed everyone to the meeting and thanked those members who had represented the MRC at the UKRI launch event in May and at other recent meetings.

2. Register of declared interests

Professor Watt requested that members inform the secretariat of any updates to their declarations of interest.

3. Minutes of the Council meeting held on 8 May 2018

The minutes were approved as an accurate record.

4. Council Terms of Reference

Dr Rawle confirmed that the Terms of Reference Council had approved at the May meeting were final though they would be kept under review by UKRI at appropriate intervals. She reported that work was underway to develop plans for engagement between UKRI and the Councils.

Additionally, Dr Rawle informed Council that Diligent had acquired BoardPad (the app used to circulate meeting papers to members) and BoardPad clients were being transitioned to the Diligent platform. It was anticipated that the Diligent app would be used to circulate papers for the October Council meeting and telephone training would be available in advance.

5. Strategic Delivery Plan

Dr Mulkeen presented an update on the development of the MRC Strategic Delivery Plan. The community consultation and stakeholder engagement were being undertaken in phases, and had begun with a horizon scan with the MRC research community; wider engagement would follow with experts – e.g. in industry, global health, and other fields of science and other research councils - who would bring broader perspectives.

Engagement so far had taken place with experts on the boards, panels and overview groups as well as via surveys of fellows, response mode and global health grant holders. Many of the discussions had reflected broad and generic themes in health research that were well represented in the plans of many other scientific organisations and funders worldwide. There had also been broad support for the focal areas which the MRC had defined as priorities in Research Changes Lives, and in the most recent (2017 update) Delivery Plan – such as Anti-Microbial Resistance and Stratified Medicine.

Discussions had been ambitious and wide ranging, with participants looking to MRC/UKRI to support faster progress and better coordination in major areas such as data sciences; exploring possible priorities and alignment within these broad themes; and seeking more support for careers, facilities and research resources and data, and connections across research areas.

Dr Mulkeen summarised some of the themes and emerging ideas in the following areas:

- Data Science/machine learning/Artificial Intelligence – all sectors of the MRC research community had highlighted the opportunities, challenges and urgency in embedding data science in health research and basic biomedical science.
- Understanding biological systems and disease mechanisms – a common theme was the need to move towards a more integrative, whole-system, multi-level approach in biomedical science.
- Technology development and exploitation - the community had highlighted the critical role of new technology development and integration across technologies (e.g. in imaging) – for example, building on programmes like Technology Touching Life - but also underlined the need for investment in new technology for experimental medicine; at the population level, and in environmental measurement, both within UKRI and with industry.
- Tackling disease complexity/Predictive, Preventive, Precision, and Participatory medicine – it was considered that one of the UK's international strengths was, and would remain, the ability to offer both deep mechanistic/ experimental investigations in well-phenotyped clinical groups and studies of large scale clinical and population data. For industry, better disease definition and understanding, and the ability to target earlier disease stages with good evidence of disease progression and interim

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outcome measures/ markers, would provide strong reasons to invest in UK R&D. Participants also highlighted the increasing importance of well-designed programmes combining research depth and breadth in new areas, such as multimorbidity research exploring disease mechanisms and interaction.

- Population-level research and public health - the community had highlighted the importance of a comprehensive approach to population health addressing the complex systems. Another common theme was the scope to use new technology to increase participation in data gathering from healthy volunteers and patients – e.g. self-reported sleep, mood, pain, diet, activity, and possible new sensor measurements - and enhance environment measurements.

Dr Mulkeen concluded by reporting that across all themes, there had been an ambition to see more impact from investments in medical research with other major public and private investors doing more applied work. Additionally, across the engagement activities, the community had highlighted a need to provide a better foundation and environment to support an increasing focus on more sophisticated studies addressing complex systems with multiple approaches and larger data sets; multi-disciplinary research, team science, multi-institution networks, and a shift towards 'dry lab' science.

Members queried whether there had been any diversity of opinion between more established researchers and trainees. Dr Mulkeen reported that in discussions, fellows had shared the boards' ambition to tackle whole systems but had also focused more on how digital and interconnected labs might be in the future.

There was some discussion regarding multimorbidity. Members highlighted that often people had more than one condition and suggested that the current definition, suffering from two or more chronic conditions, was too broad. Members noted that the MRC and NIHR would shortly be announcing a joint call to catalyse multimorbidity research by supporting both hypothesis-driven and exploratory studies that, in addition to classical epidemiological methods, would use new approaches to complex data collection and analysis of datasets originating from multiple sources. Up to £3m was available for the call and awards of up to £600k would be made for projects lasting one-to-three years. Members queried the size of the budget for the call and it was noted that the intention was for the majority of projects to explore if there were any 'quick wins' from exploiting existing datasets although researchers would also be able to bid for new data collection.

Council discussed addiction research. It was noted that this had been covered in Neuroscience and Mental Health Board (NMHB) discussions and it had been recognised that it needed to be part of the future mental health agenda; it would be explored further as the strategic delivery plan was developed.

Members suggested that consideration should be given to building on areas of skills, such as maths, that would not have previously been high on the MRC's agenda. Members also highlighted that some areas would need be de-prioritised as new priorities emerged, although it was noted that discussions had not reached that stage yet. Dr Spittle reported that HDR UK planned to invest heavily in medical training working alongside the NHS; this could potentially allow the MRC to focus resource in other areas.

Professor Watt drew Council's attention to the training and careers annex which had been developed by Dr Joanna Robinson, Head of Capacity and Skills. The Training and Careers Group, chaired by Professor Moira Whyte, had recently discussed the MRC's near and long-term opportunities in capacity and skills and the paper set out some emerging themes regarding: UKRI wide opportunities; MRC's balance of general funding and individual support for researchers; supporting clinical researchers; international mobility and UK inclusiveness; supporting strategic skills; closer engagement with business and supporting intersectoral transitions; influencing careers through MRC units and institutes; supporting and developing

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post-PhD research staff; supporting technology/skills specialists/infrastructure careers; and evidence and evaluation.

Professor Watt also highlighted that 50 fellowships were available for the first round of the new Future Leaders Fellowship scheme; 747 expressions of interest and 369 full applications had been received. This was important for MRC strategic discussions as it was likely to have an impact on existing MRC fellowship schemes. Council discussed the importance of ensuring that there were attractive and sustainable career paths for technologists and the need for a commonly agreed name for this group. Dr Robinson informed members that the MRC referred to them as technology specialists which was generally accepted although some further work may need to be done to ensure this term worked for everyone.

Council noted that a more in-depth discussion on training and careers would be scheduled for the October meeting. Dr Mulkeen suggested that discussions should focus on the future of MRC Senior Fellowships and support for clinical research and technology specialist careers.

6. Strategic Priorities Fund update

Dr Mulkeen presented an update on the Strategic Priorities Fund (SPF). He reminded Council that a commitment to deliver a Strategic Priorities Fund (SPF), which built on the recommendations of a 'common fund' proposed in the Nurse Review (2015), had been featured in the Industrial Strategy White Paper. A £560m budget had been allocated for 2018/19-2020/21. The fund would operate in two waves and its key aims were:

- to drive an increase in high quality multi-disciplinary and inter-disciplinary research and innovation;
- to ensure that cross-departmental research and innovation priorities were determined and implemented effectively; and
- to ensure the system could respond to strategic priorities and opportunities.

He outlined the bids the MRC was involved in that had been supported in wave one; the majority of these were in partnership with other research councils and government departments.

He also updated Council on the process and timeline for wave two:

- August - September: Horizon scanning – Government Department and UKRI partners would share priority areas
- October 2018: Bidding would open
- December 2018: Deadline for bids
- January 2019: Assessment of bids
- February 2019: Notification of successful bids
- Financial year 2019/20: Spend would commence

Members discussed what the route would be for community input even if it was not thrown open to them to bid. Dr Mulkeen confirmed that decisions on wave one had been taken by a subset of the UKRI Board; it was not yet known who would take decisions for wave two though it would be a wider group than wave one.

7. Risk management

Mrs Carole Walker, currently Head of MRC Risk Management and Assurance and recently appointed Head of Risk for UKRI, introduced this item. She outlined the risk management process within the MRC and proposed arrangements for Council's role in risk management under UKRI. As Head of Risk for UKRI, Mrs Walker would lead on the harmonisation of risk

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management across UKRI. The plan for implementing this was still evolving and Mrs Walker would report back to Council in December once there was more clarity.

With regards to the role of Council, the Council Terms of Reference set out that “Council will support and challenge the Executive Chair to ensure effective delivery of his/her responsibilities”. To discharge its responsibilities, it was recommended that Council should:

- Review risk management arrangements annually via the risk management annual report and a review from the Head of Risk.
- Review the MRC corporate risk register every six months.
- Take risk into account when advising the Executive Chair or taking any decisions.

Council discussed the process for managing risks across the MRC and its institutes and noted that the MRC’s risk management system was fully integrated. There was some discussion regarding horizon scanning for new risks and members highlighted the importance of taking a view across the councils to identify common risks and those that might have an impact elsewhere. Mrs Walker agreed that this would be essential; part of the challenge in her new role would be to work out the most effective way to do that as the councils were currently using different risk management systems and scoring. Risk registers would also need to be created for central parts of UKRI such as finance and HR.

8. Health and Safety in the MRC

Ms Simon presented slides which provided an overview of Health and Safety management within the context of UKRI. She explained that the transfer of intramural units to universities had reduced the MRC’s responsibilities in this area, whilst the advent of UKRI had provided opportunities for sharing resource. She then outlined the revised reporting arrangements and the benefits of the new structure. Professor Watt reminded members that, under the Terms of Reference, Council was responsible for supporting the Executive Chair to ensure that decisions were undertaken with the full consideration and management of health and safety implications.

Members requested details of the functions that were affected by the move to UKRI and what the personnel impact was within the MRC. It was noted that the creation of UKRI had affected staff morale, partly due to problems with communications.

9. Updates from the Executive

Professor Watt introduced this item. She informed Council that the updates provided within the paper were for information and any questions were welcome.

Professor Watt noted that Sir Mark Walport and Dr Patrick Vallance (Government Chief Scientific Advisor) had agreed a role description for Chief Scientific Advisers (CSAs) on Councils. There would be a CSA on every research council and the council of Innovate UK. The role of the CSA was to represent the perspective of scientific and analytical networks across government, and:

1. Participate as a full member of the committee;
2. Present a cross-government view in discussion at Council, where these related to research likely to be of interest to other departments;
3. Be familiar with Areas of Research Interest across government and ensure that these and key government research priorities were taken into account in Council discussions;
4. Feedback to CSA colleagues and to the Government Office for Science on issues affecting wider government interests;
5. Work with their fellow CSAs to promote co-ordination where this was relevant to the government’s objectives.

Professor Charlotte Watts, CSA for the Department for International Development (DFID), confirmed that she was aware of the role description and that Dr Vallance was still developing the team working and sharing process for CSAs on Councils. She agreed to help facilitate the MRC's engagement with other government departments in the development of SPF bids and the strategic delivery plan. Council noted that following a recommendation from the 2015 Nurse review, government departments had published Areas of Research Interest (ARI) that aimed to align scientific and research evidence from academia with policy development and decision-making. Extracts of potential interest to the MRC from departmental ARIs had been included at annex 3 to the Strategic Delivery Plan paper (item 5).

10. Finance report

Mr Dunlop informed Council that the National Audit Office (NAO) had disagreed with the accounting treatment of a number of awards for which the full value of the funding had originally been recognised in the 2017/18 accounts (Biobank Whole Genome Sequencing (WGS) £30m, Biobank Imaging £8.5m and contribution to the Gleeson building refurbishment for Toxicology £6m). Consequently, the 2017/18 accounts had been adjusted. This had resulted in a £44.5m underspend for the year and pressure on future years' budgets. Opportunities for utilising Industrial Strategy Challenge Fund underspends and any emerging underspends within core budgets were being explored. Although the potential impact on future available budgets was significant, Mr Dunlop reassured Council that he was confident the impact could be smoothed over the next few financial years with the support of Sir Mark and UKRI.

With regards to the year-to-date results to May 2018, programme resource expenditure was £1.3m (2.4 per cent) higher than budget; administration expenditure was £0.4m (15.5 per cent) lower than budget; and capital expenditure was £0.1m (4.0 per cent) higher than budget.

Council discussed the latest position regarding the tax status of UKRI. Mr Dunlop reported that Sir Mark was discussing with the Treasury whether there was the possibility of changing legislation through the Finance Act. Council also discussed the budgetary impact of the sale of Mill Hill noting that the MRC was still in discussions with BEIS to find a solution to provide the proposed additional funding for the Crick.

11. Council objectives for 2018/19

Dr Rawle introduced this item and informed members that they were being asked to agree objectives for 2018/19 which were based on the responsibilities of Council as outlined in the Terms of Reference and suggestions made by members at the meeting held in May.

Council agreed the objectives as set out in the paper.

Professor Watt advised that the careers discussion would be scheduled for the October residential meeting and suggested that global health should be discussed at the meeting in December. UKRI was in the process of recruiting a Head of Communications so discussions in this area should wait until the appointment had been made. Discussions around encouraging diversity would be scheduled for later in the year; Professor Charlotte Watts highlighted that CSAs across government had an interest in the diversity of scientists. Council noted the objective to review and advise on the MRC's strategy for managing its Intellectual Property (IP) and queried what UKRI involvement would be. It was noted that this had not yet been agreed although it was expected that the strategy for managing IP emerging from MRC institutes would be delegated to the MRC.

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Members also suggested there should also be a discussion at a future Council meeting on interactions with industry and harnessing the potential of the industrial sector.

12. Report from the Ethics, Regulation and Public Involvement Committee (ERPIC)

Dr Rawle introduced this item and explained that ERPIC was a sub-committee of Council which met twice a year. Dr Highfield had attended the last meeting which had been held on 21 June and provided an update on the key discussions.

Dr Highfield reported that members had discussed the role of ERPIC under UKRI and agreed that, given the particular ethical issues relating to work with human participants and animals, the MRC should make the case for a separate ethics committee for medical research. Members had highlighted the need to ensure sufficient breadth of expertise in relation to research ethics if UKRI decided to implement a single ethics committee to cover the whole organisation. Information gathering on what each component of UKRI was currently doing to obtain advice on ethical issues would need to take place before any decision was made. Professor Charlotte Watts expressed an interest in seeing the outcome of the review of ethics procedures across UKRI.

ERPIC had discussed the work the MRC had been undertaking to ensure the General Data Protection Regulation and the new Data Protection Act 2018 protected participants and facilitated research. ERPIC had also received updates on the MRC-funded citizen science programme which had been set-up to assist MRC researchers to collaborate with the public; recent discussions regarding the development of principles and guidance for Controlled Human Infection Model (CHIM) studies; and progress with Understanding Patient Data.

Dr Rawle informed Council that, at the time of the ERPIC meeting, the House of Commons Science and Technology Committee report on Research Integrity had not been published. The report was now due to be published on 11 July and was expected to contain recommendations for UKRI.

Finally, Dr Buckle highlighted that the Nuffield Council on Bioethics' report on genome editing and human reproduction would be published the following week.

13. UKRI discussion

Professor Watt welcomed Helen Cross from the UKRI Strategy Directorate to the meeting.

Ms Cross explained that she had previously been in the civil service and had worked on the Higher Education and Research Act (HERA) to create UKRI. She presented slides on UKRI's strategic prospectus. She also highlighted the government's target to increase both public and private spending on R&D to 2.4% of GDP by 2027 and the challenges and opportunities this presented UKRI with. She then invited questions from Council.

Members discussed a range of topics with Ms Cross including: the direction of travel for assimilating the nine councils into one organisation; how UKRI central functions would aid efficiency; UKRI's role in helping the government achieve its 2.4% R&D spend target; UKRI internal communications and ways of working; and branding.

Professor Watt concluded by discussing how MRC Council could best engage with UKRI. Members agreed that they would prefer this to be a dialogue rather than through writing reports and suggested that senior UKRI Executive/Board members should be invited to attend a Council meeting or dinner in the near future.

14. Any other business and close

Professor Watt informed Council that this would be the last meeting for Sam Bartholomew as she was moving to a new role within the MRC after eight years managing the Council Secretariat.