Minutes of the Council Business meeting, held via zoom videoconference, on 4 March 2021

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1. Welcome and Apologies

The Council business meeting was held via Zoom videoconference. Mr Richard Murley welcomed everyone to the meeting.

Apologies were received from Dr Precious Lunga and Professor Charlotte Watts left after item five.

Mr Murley thanked Dr John Brown for his service to Council. Dr Frances Rawle, MRC Director of Policy, Ethics and Governance was retiring from MRC and this was her last Council meeting. The Executive Chair thanked Dr Rawle for her longstanding service to MRC.

2. Register of declared interests

Mr Murley requested that members who had not yet returned their annual update for the register of declared interests do so as soon as possible.
3. Minutes of the Joint Strategy Board and Council meeting held on 10 December 2020

The minutes of the Joint Strategy Board and Council Meeting were approved as an accurate record of the meeting.

3a. Council Business meeting held 11 December 2020

The minutes of the Council Business Meeting were approved as an accurate record of the meeting. An action arising from the December meeting for a discussion item to review the principles of transition support and unit closure to be added to the forward agenda, was highlighted by members. It was confirmed this item would be bought back to Council at the May meeting.

3b. Matters Arising: Quarterly Operations Update

Members noted the quarterly operations dashboard provided in the papers. Members highlighted that the information included within the operations dashboard was very detailed and it would be useful to complement this with a set of broader corporate objectives. It was agreed that corporate objectives would be considered as part of the review of the 2020/21 Council objectives at the meeting in May.

4. COVID-19 Funding Issues

Dr Jonathan Pearce, MRC interim Director, COVID-19 response, and Professor Patrick Chinnery, MRC Clinical Director, presented an update to Council on MRC’s COVID-19 research response. Since the delivery of the MRC-DHSC rapid response calls and the UKRI rolling call in 2020, a number of projects had been funded across the entire remit of UKRI; a business case to support the COVID-19 National Core Studies, subject to final Spending Review settlement, had been approved by ExCo; and UKRI was supporting national platform clinical trials and testing COVID-19 therapeutic candidates in hospitals with an independent COVID-19 Therapeutics Advisory Panel (UK-CTAP) advising on what treatments should be proposed for testing through the RECOVERY+, REMAP-CAP, PRINCIPLE and AGILE trials. There had been an impressive rate of recruitment into trials through the National Institute for Health Research (NIHR) Clinical Research Network (CRN).

Continued funding was planned which could support research into vaccine responses, the effects of long COVID, and early stage therapeutics. It would be important to reflect upon how new ways of working during the pandemic had the potential to catalyse cultural change needed for maintaining the benefits realised through increased open science and collaboration within and between disciplines. This also requiring a consideration of the balance of challenge/impact led versus blue sky research.

Council noted the high recruitment rate of patients into clinical trials, which had contributed to the success of these trials, and highlighted that it would be important to ensure more research is embedded within the NHS post-COVID. Members questioned whether the pandemic offered opportunities for citizen science projects and commented that well-run citizen science projects required unique skill sets and high levels of resource to be delivered successfully. The benefits for participants needed to be considered in the design of such projects from the outset and communicated fully to participants. It was important that outcomes were communicated to participants and similarly, to participants in clinical trials. Members highlighted that currently there was no mechanism to routinely thank participants involved in clinical trials and this needed to be addressed. There were examples of good practice, for example NIHR Biomedical Research Centres had run online training sessions for researchers and information sessions for members of the public.

Council commented on how the UK’s COVID-19 rapid response had been built on the strength of the UK’s world-class research base, and had only been possible due to prior, long-term investment in discovery science, research infrastructure and vaccine development. Furthermore, attempts to communicate what had made the response so successful needed to recognise the high level of resource required to deliver at pace and that effort was focused on COVID studies, with many other
studies being suspended, paused or cancelled. NIHR had published a Restart Framework for restarting paused NIHR research studies and for providing NIHR Clinical Research Network support to set up new sites and studies. Members commented that as non-COVID studies are restarted, it would be difficult to replicate the scale and success of the COVID studies without increased investment. It was agreed that there would be a discussion item on COVID lessons learned at the next joint Council and Strategy Board meeting in July.

5. Financial Forward Planning and Science Commitment Budget

Dr Glenn Wells, MRC Director of Strategy, updated Council on the potential spending review allocation from BEIS, and Dr Rob Buckle, MRC Chief Science Officer updated Council on the impact of a reduction in Official Development Assistance (ODA) on MRC’s response mode budget. Dr Wells shared scenarios to find reductions to the Minimum Viable Profile for 2021/22. Key choices and considerations to achieve the reductions were also presented. The UKRI board consensus supported an allocations scenario for 2021/22 that protected council baseline budgets in principle, while requesting further detail on the reductions required across major projects and associated impacts. Dr Buckle explained that the Government announced an ODA reduction from 0.7% to 0.5% of UK Gross National Income (GNI) on 26 January, which would mean a significant reduction in ODA allocations across Government with BEIS receiving a 30% cut, however, the impact for MRC would not become clear until April. About half MRC’s ODA budget was ring fenced through the Global Challenges Research Fund (GCRF) and the Newton Fund (NF), other ODA relevant research was channelled through MRC Institutes and Units, and partly via response-mode funding managed by MRC’s Research Boards. There was an instruction to UKRI to halt all new ODA awards at this time, which covered all MRC ODA-activity: GCRF, NF and awards made though MRC’s core budget. Negotiations were ongoing with BEIS to fully understand the flexibility around this. Further information on the 2021/22 budget allocation would emerge over the next few weeks, as would a better understanding of the full implications of the ODA settlement across different councils. Should ministerial decision-making result in an outcome where more money would be available for 2021/22, there were options to add in additional spending.

Council raised serious concerns about the impact of reductions in ODA on response-mode funding and how the reductions would impact the global health research investment by MRC. MRC’s long-term investment in global health had provided international leadership in partnerships, enhancing the competitiveness of the UK knowledge and health base and influencing the international research agenda. It was confirmed that the decision to cut ODA funding was made by the Foreign Secretary and announced by the Chancellor at the autumn statement. The decision was made late in the financial year, as such, many ODA commitments had already been made and the fiscal space for reductions was very tight. Members agreed it was important to highlight the vital role of ODA funded R&D in addressing global development challenges set out in the United nations Sustainable Development Goals and the importance of linking global health to planetary health, as the UK hosted the United Nations 2021 climate change conference of the parties (COP26) in Glasgow was emphasised. Members raised further concerns about the balance of budget cuts on MRC’s intramural and response mode investments, as currently budget cuts are implemented through restricting new awards which weighs impact towards response mode mechanisms. Questions were asked as to whether there were opportunities to implement the response to budget pressure more evenly across the entirety of MRC’s portfolio, as having such a large proportion of annual income pre-committed in large scale investments reduces MRC’s ability to be agile in response to fast changing circumstances. It was agreed that the relative levels of investment across intramural versus response mode mechanisms and the routes for managing this in relation to year to year budget fluctuations would be considered in more detail Council meeting in the autumn.

Mr Murley welcome Dr Sarah Collinge, MRC Head of Funding Operations, to the meeting. Dr Collinge updated members on commitment budget planning for 2021/22. The commitment budget represented the annual funding available to award new grants, fellowships and studentships, mainly in open response mode, including 10 percent of Unit and Institute funding within new QQR awards for benchmarking. In previous years there had been other ‘ring-fenced’ funding streams supporting
research in addition to the commitment budget (for example via UKRI centrally), however, in 2021/22 there may be little other funding available apart from the commitment budget. The Government had announced a three-year settlement with increasing science spend, but BEIS had not yet provided any indication of budgets beyond next year, which made budget planning difficult, and had delayed the annual medium-term modelling process which sets the commitment budget for the forthcoming year. Dr Collinge highlighted that in 2021/22 large-scale commitments were needed to the next phases of Doctoral Training Partnerships and Confidence in Concept which created a budget peak in 2021/22 that repeats in 2024/25 planning. Three options were presented to Council for budget planning for 2021/22, based on the assumption of a flat cash scenario.

Members agreed MRC’s investment in training needed to be protected and that training should be an area of priority for next year’s science commitment budget, given the impact of COVID-19 on early career researchers and the continuing demand for MRC fellowship support. However, this would need to be balanced against a reduction to the research boards budgets, which may otherwise result in the award rates becoming unacceptably low. Council would approve a commitment budget in full, or part, at its May meeting, when UKRI allocations to Councils should be known. It was confirmed that an analysis of projected award rates at MRC Research Boards would be included to inform Council’s decision.

6. Finance Report

This item was discussed after item 9.

Mr Hugh Dunlop, MRC Chief Operating and Finance Officer, reminded members that at its meeting in December 2020, Council was supportive of the intent behind the proposal to make ad-hoc payments into the pension scheme, but requested further information be brought to the next Council meeting in March. Estimated underspend and associated risk was outlined to Council and it was confirmed that ad-hoc payments would be made from underspend and would not be prioritised above science spend. Council noted the year to date results to the end of January and the forecast outturn as presented in the paper, and approved an ad-hoc payment of unutilised underspend into the MRC pension fund.

7. Infrastructure Advisory Council

Mr Murley welcomed Professor Mark Thomson, Executive Chair of Science and Technology Facilities Council (STFC) to the meeting. Professor Thomson updated Council on the UKRI Infrastructure Advisory Committee, its governance, membership and the process for making awards. The 2020 Government Research and Development Roadmap highlighted how UKRI will provide a long-term, flexible pipeline of research and innovation infrastructure investment priorities for the next 10 to 20 years, reinforcing the commitment to a long-term investment plan in infrastructure, investing in a step change in capability and the underpinning digital research infrastructure. UKRI Executive Committee (ExCo) had agreed the approach for prioritisation of the Infrastructure Fund in November 2019 which included the establishment and membership of the Infrastructure Advisory Committee (IAC) and their role in providing ExCo with advice on infrastructure priorities. Members of the UKRI IAC were drawn from across higher education, innovation and research organisations, industry and commerce, policymaking and civil society. Each Council had nominated one member to sit on the committee, however there was currently no biological sciences expertise represented. Professor Thomson outlined the steps involved in preparation and approval of bids for the UKRI Infrastructure fund and the five thematic areas set out in the digital research infrastructure strategy. Following the development of a strategy for digital infrastructure, a delivery plan now needed to be developed.

Members raised questions about how the Committee and its secretariat will work with Councils to develop successful bids, highlighting that a strategically important bid from MRC was not recommended for funding by the Committee. Professor Thomson confirmed that a revised bid could be submitted. There was an opportunity for MRC to improve its operational processes and strategic thinking towards infrastructure. Working closely with the other councils during the IAC process had provided an opportunity to observe best practice, especially from councils like EPSRC and STFC which have traditionally done more in this space. Members also asked what consideration was being
given by the committee and across UKRI to digital research infrastructure needs. For the 2020 funding round, the Digital Infrastructure Advisory Committee was not formally created and the cross-council Digital Research Infrastructure Committee consisting of Council staff, which MRC has a seat on, performed this role. The future governance models for Digital were still being discussed and it was anticipated they would be developed and approved by ExCo before the new round of the process for 2021.

Members questioned whether committee membership was broad enough to include sufficient expertise in the specific needs of the biomedical community. Particular needs included the ability to provide national research (platform) capability and sharing of large infrastructure, and technical platforms and trusted research environments for curating and linking distributed healthcare data. It was unclear whether the current membership of the Committee provided the expertise required to assess proposals of this nature, which would impact UKRI’s ability to deliver step-changes in infrastructure capability in this area.

8. **London Institute of Medical Sciences Quinquennial Review**

Mr Murley welcomed Dr Nathan Richardson, MRC Associate Director, Research Programmes Group to the meeting. Dr Richardson introduced the item and summarised the purpose and actions required. Council was presented with the report of the visiting (virtual) Institute QQR subcommittee and the subsequent conclusions and recommendations from MRC Strategy Board at their meeting in February. Council was asked to discuss and, as necessary, approve the need for a refreshed vision, including an ambitious clinical science strategy and bold plans for inter-disciplinarity and translation as part of a future QQ investment. Members were asked to agree how the LMS Director (Dame Mandy Fisher) and her team could be supported in delivering these important changes.

Council welcomed the report and noted that there was some excellent research within the LMS and an exciting cadre of early investigators, including the Chain Florey Fellows. Discussions then turned to the issue of strategic plans and the Institute’s positioning within MRC’s portfolio and the national and international landscape. Council emphasised the need for a significant strategic shift in delivering clinical science, alongside renewed ambitions for interdisciplinary research and translation. This required a critical mass of research that linked discovery and clinical sciences, and which fully capitalised on the strength of academic medicine at Imperial College London and the Institute’s proximity to clinical work on the Hammersmith Hospital campus. Similarly, a bold and clear strategy for inter-disciplinarity and translation that linked up with the nearby White City campus was needed.

These were important development needs that required concerted effort by the LMS, Imperial College and the office. Council strongly supported the recommendation that a clear plan for change should be developed and delivered at pace, guided by experts. The office was asked to work up plans to convene an expert group that interfaced strongly with Dame Mandy and Professor Weber from Imperial Faculty of Medicine; LMS staff consultation should be embedded within the process in accordance with agreed approaches. Council asked that a work plan be brought back for a full discussion and approval at a specially convened Council meeting in April. Funding arrangements for the LMS in the coming years would not be confirmed until then.

9. **Health Data Research UK Establishment Review**

Mr Murley welcome Dr Claire Newland, MRC Head of Data Science, to the meeting. Dr Newland presented Council with the outcome of the Health Data Research UK (HDRUK) Establishment Review. The Establishment Review was intended to provide assurance to the core funders and the Board of HDRUK (Ltd) that the development of governance and operational structures and systems were progressing as expected, and capable of supporting the Director in delivering a successful outcome to the First five-year Review in 2022/23. Dr Newland highlighted that unlike a “traditional” research institute, a substantial portion of HDRUK’s core funding supported underpinning/enabling activities which addressed wider UK needs (i.e. beyond HDRUK’s own direct research interests and
infrastructure needs), including ring-fenced funds that are not within the gift of the Director to redeploy. Whilst the Review Panel had made a number of recommendations, the overall outcome was positive. The Panel did not find any major areas of concern and concluded that the trajectory of development was appropriate for the Institute’s young age, and that progress had been good and was capable of supporting the Director’s scientific vision and strategy.

Dr Graham Spittle commented that HDRUK had broadly accepted the findings and recommendations of the Establishment Review Panel and the HDRUK Board had plans for a clearer articulation of risk appetite and increased risk management across the broader institute. HDRUK was a young organisation that had grown fast and had contributed to the UK’s response to the COVID-19 pandemic. This, and HDRUK’s programmes had given visibility to HDR, both in the UK and overseas, attracting significant further funding and building strong relationships across the sector.

Members commented on the complexity of the health data ecosystem and the potential for the landscape to become further fragmented, however HDRUK was in a unique position to bring together the community across the UK. There was a perception that the Institute had an all-encompassing remit and that there should be clear communication of what was not in HDRUK’s power to resolve, which would assist in managing expectations. Members congratulated the Institute on its achievements and emphasised there was a key role for the research sector in highlighting and celebrating successes of HDRUK in order to make the case for continued investment in health data research, particularly given HDRUK’s role in supporting the UK Government’s and public sectors’ management of the pandemic. Council noted the considerable success of HDR UK in attracting additional strategic funding from a variety of sources, some of which was short-term in nature, so it would be important for the institute to ensure long term sustainability of funding. Council noted that the total funding under the Institute’s management was now much larger than the core award and raised questions about the value the different core funders placed on leverage. Members stressed that it would be important for the core funders to act collectively and be clear about their requirements for leveraging additional funds on their core investment.

Council agreed that appropriate reassurance on progress in developing robust governance and operational frameworks had been delivered and that the Establishment Review was complete.

Conflicts
Professor Jill Pell is Associate Director, HDR UK Scotland. Professor Sir Munir Pirmohamed is Director, HDR UK North, Dr Graham Spittle is Chair, HDR UK (Ltd) Board of Trustees, Dr Louise Wood is Chair of the Oversight Board BHF Centre for Data, and Dr Frances Rawle (MRC Management Board member) is a member of the Non-Executive Board HDRUK. These members were considered to have hard conflicts. Members were present for discussion, to add their perspectives and answer questions from Council, but did not participate in Council’s discussion to agree the Review Panel recommendations.

Several other Council members hold positions based at the location of HDRUK sites or held research collaborations with HDRUK. These were recorded as a general declaration of interest but were not considered conflicts.

10. Expanding the Awards Portfolio

Mr Murley welcomed Kate Aylett, MRC Head of Strategic Engagement, to the meeting. Ms Aylett presented Council with plans for a new mid-level career prize as part of wider plans for expanding the MRC awards portfolio. The initiation of a mid-career award was proposed to recognise the most promising individuals on the trajectory of being future leaders and having transformational impact within the medical research field. The prize would ensure that MRC recognised the work of MRC-funded scientists across all career stages. With an expanded award portfolio, it would be advisable to establish a dedicated awards committee to review and score the applications for both the Millennium Medal and a new award, with membership drawn from MRC Council, Strategy Board, members of
MRC Boards, Panels and Overview Groups, and could also include previous MRC Millennium Medal winner(s).

Members were supportive of the plans but highlighted the need to better define the career stage that the award applied to, particularly to ensure that early career researchers on accelerated career trajectories were not excluded. Members acknowledged the challenge of selecting one individual who embodied all the characteristics proposed and suggested offering more awards that reflected the different qualities in the assessment criteria. Members were supportive of establishing a new awards committee and suggested that the new committee could help shape the eligibility and assessment criteria. Members specified that nomination forms should require the nominator to clearly address the assessment criteria, rather than offer general citations. A proposed award name was not confirmed but it was suggested that the name should reflect what the prize was aiming to award.

11. Council Forward Look for 2021/22

Council noted the Forward Look for 2021/22 and suggested topic areas for discussion at future meetings should include COVID lessons learned and the relative levels of investment across intramural versus response mode mechanisms. Members commented that, should government guidelines allow, a physical, in person meeting of Council and Strategy Board should be held in July.

12. Any Other Business

No items were raised.

13. Council Private Business

Following the meeting members held a private business meeting.

*Items for Information*

14. Updates from the Executive

Council noted the Updates from the Executive.