Medical Research Council
Communication Capability Review
Summary report

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<td>Prepared by:</td>
<td>Policy &amp; Capability team, Prime Minister’s Office &amp; Cabinet Office</td>
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Management summary

About the review

1.1 The Medical Research Council (MRC) Communication Capability Review is one of a series of reviews across Whitehall departments, arm’s length bodies and agencies. The review fieldwork took place in January 2015, alongside reviews of the other six Research Councils (RCs). MRC has been part of a number of recent RC reviews, such as a triennial review (BIS, April 2014) and, currently underway, the Nurse review (February 2014).

Organisational context

1.2 MRC acts in a complex medical research system populated by NGOs, international parties including pharmaceutical companies and universities, among others. It operates a mixed economy of funded research and research carried out by its own facilities.

Role for communications

1.3 MRC’s leaders view communications as important both in engaging the science community and also reaching wider audiences. In the short term a key communication priority is to make the case for sustained funding. The RCs are also obliged by royal charter to engage the wider public with research, although the specific requirements are relatively vague.

Positive findings

1.4 The review panel was impressed with the communications team, in particular the middle-tier and more junior staff, who seemed skilled, experienced, dedicated and were well thought of. The panel supported the findings and recommendations of the management initiated review (MIR) and thought the appointment of the new director a sensible step. The focus on so called ‘spotlight areas’ is smart and a sensible way to prioritise effort.

Areas for improvement

1.5 The panel recognised that the CE and deputy CE are both extremely busy and are not personally disposed to act as regular spokespersons for MRC. However this seems to have acted as a brake on proactive leadership communications for MRC, a concern. There is a need to engage MRC leadership with their communication responsibilities and delivery, and the director of corporate affairs should lead on this.

1.6 There is also a need to secure senior spokespeople for the spotlight areas and increase their impact against a wider audience; make public engagement more aligned with these priorities; and to oversee sharper evaluation.

Recommendations

1.7 The review panel’s main recommendation is to improve senior leadership communications oversight and ‘grip’. This includes:

- making the communications strategy less ‘high-level’, giving focus to specific communications proof-points, such as the spotlight areas;
- enhancing executive team level reporting, in particular in performance reporting against specific objectives and the spotlight areas; and
- reaching wider audiences beyond research communities for the spotlight areas.
  (Something that currently takes place but in a slightly ad hoc way.)

1.8 These recommendations are proposed in isolation. The over-arching pan RC recommendations should also be considered for their implications for MRC.
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1. Background to the review

2.1 The Medical Research Council (MRC) Communication Capability Review is one of a series of reviews across Whitehall departments, Arm’s Length Bodies and agencies. The review fieldwork took place in January 2015, alongside reviews of the six other Research Councils.

2.2 Each review is carried out by a combination of peer and external reviewers; this mini-review was conducted by Chris Norton, Managing Director of Blue Rubicon, a global public relations and strategy consultancy. He was supported by Keith Coni, who has led the review programme at the Cabinet Office since 2012. The review methodology is based on interviews and examination of supplied materials. The reviewers evaluate capability against business requirements using a framework (details here). This report contains their qualitative assessment of capability and provides recommendations for improvement.

2.3 To accompany this short report, the GCS will also publish an over-arching summary review, looking at the collective communication capability of the Research Councils. Its conclusions do not necessarily fit directly with those of this report: a business unit-specific assessment will not always mirror a wider corporate level one.

2.4 Communication is a pan-organisational responsibility. The Communication Capability review programme’s scope covers the breadth of MRC’s external and internal communication, and is not limited to the work undertaken by its communications team. The review programme has also included public engagement1 within the scope of communications.

2.5 The review team interviewed 30 people in total, using a combination of face-to-face and telephone interviews, some with more than one participant. Interviewees included MRC’s communications staff, the chief executive and other senior staff. External stakeholder interviews included: the Welcome Trust; a health editor from national media; a media relations officer at Oxford University; Innovate UK; the Department of Health; a representatives from a NGO; and from a global pharmaceutical company.

MRC: organisational context

MRC Background

2.6 MRC was founded in June 1913. Its aims include encouraging and supporting high-quality research with the aim of improving human health. Further long term aims include producing skilled researchers, disseminating knowledge and technology to improve the quality of life and economic competitiveness in the UK and worldwide, and engaging the

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1 A short description of MRC’s public engagement is here, and the Research Council’s public engagement strategy can be found here. A fuller discussion of public engagement with a diagrammatic illustration on P35 is here.
public in dialogue about its research. In its illustrious history it has funded a number of Nobel prize-winners and has global recognition for contributions to the field of medical research.

2.7 Under the ‘Haldane principle’, the Research Councils are independent from government, though mainly funded by the Department for Business, Innovation and Skills (BIS). In a 2010 spending review the Government decided to maintain the MRC’s budget in real terms between 2011/12 and 2014/15. Gross expenditure in 2013/4 was just under £850m (not all of this was from BIS), making MRC the second highest funded research council. Of this, approximately £330m was allocated to programmes within the MRC’s own units and institutes. This model contrasts with some research councils which act as funders and do not undertake their own research.

Funding and impact
2.8 In early 2014 the Government announced that the MRC’s spending on science would be preserved, both in day to day costs and its capital budget. A further spending round is anticipated later in 2015, which will squeeze all non-research costs. MRC has published a strategic plan for 2014 – 9, which sets out four over-arching strategic aims for this period.

2.9 The MRC tracks the progress and productivity of the research it supports via a system called Researchfish. This was developed by the MRC and is used by almost all public and charitable funders of medical research in the UK, and by the other Research Councils. It draws together a standardised set of research programme outputs and impact to provide comparable data. Quality is assessed separately by peer review.

Leadership
2.10 MRC is led by a chief executive and has a management board team of seven directors. MRC’s governing body is its Council. The Council’s membership consists of the Chairman, the Chief Executive and Deputy Chairman, and 13 other members, mainly science experts. The RCs are ultimately accountable to the secretary of state for business.

Structure
2.11 As at April 2014 MRC had three institutes, 27 units (of which 11 are intramural and 16 based in universities) and 24 centres and related charity partnerships. It has overseas units in The Gambia and Uganda. This provides challenges for internal and external communications and work to engage research partners. Two important developments should be noted.

- The National Institute for Medical Research, the MRC’s largest Institute, with more than 600 researchers, is scheduled to close in 2015 when most of the ongoing research programmes will transfer to the newly established Francis Crick Institute, an independent charity established via a Joint Venture Agreement between six partner organisations. The Institute will open later in 2015.
• The second is the roll-out of the University units model of research, where the administration of MRC units has been passed to universities. This started in 2010.

Both moves will allow greater interdisciplinary collaboration and closer interaction with clinical researchers. However they also represent a reduction in the MRC’s corporate footprint. This has implications for MRC’s external profile and for its internal communications.

Collaboration

2.12 Cross-research council activities include work on:
• Work on the UK regenerative medicine platform;
• antimicrobial resistance;
• National Prevention Research Initiative (NPRI);
• a Lifelong health and wellbeing cross-council programme;
• UK clinical research collaboration centres of public health excellence;
• medical bio-informatics;
• new medical technologies (in particular with EPSRC); and
• food and nutrition work (with BBSRC).
However these high-profile, important projects notwithstanding, the communications team estimate that in the region of 80% of their work is sector-specific.

2.13 Most of MRC’s works is amidst the complex web of other medical research commissioners and practitioners, within the UK and internationally. The reviewers were shown a diagram of the network of AMRC members to illustrate the multiplicity of actors. MRC’s external partnership activities includes:
• industry, such as collaboration with pharmaceutical businesses;
• Innovate UK (previously the Technology Strategy Board), where MRC works to deliver the Biomedical Catalyst programme with SMEs;
• Department of Health (DH), devolved administration health departments, and DH bodies such as Public Health England, Genomics England, National Institute for Health Research and the Office for Strategic Coordination of Health Research;
• Medical research charities;
• Other Government partnerships, such as the Department for International Development (DFID) through a concordat for global health research; and
• International partnerships, such as engaging with the European Commission.
Effective partnership working is vital for MRC and communication has an important role to play in clarifying roles and identifying MRC’s contribution.
2.14 MRC has been subject to a number of reviews in recent years. These include a triennial RC-wide review in April 2014 and, for MRC, a Management Initiated Review (MIR) in January 2014. A further RC-wide review, the Nurse review, was announced in December 2014 as a part of the government’s science and innovation strategy.

**Implications of context for communications**

2.15 The environment that MRC operates in provides an important backdrop to inform an assessment of its communication.

- MRC works in multiple branches of medical science from molecular level science to public health research; with a corresponding mix of partners (increasingly including other Research councils); and a range of delivery models;
- MRC as an employer is decreasing in size, if not in impact, as the Crick opens and more university units are transferred;
- Administration budgets are under continuous pressure and although measures such as Researchfish database are vital in establishing outcomes and quantifying value for money, for some communications will be seen as an overhead.

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2 Triennial review [details here](#). Its communications assessment was cursory. Nurse review [details here](#).
2. Communications organisation

Leadership and direction setting
3.1 MRC’s communications and public affairs are led by a corporate affairs group director. Reporting to him are a head of communications and public engagement, a new director of external affairs, and, outside of the communications area, a head of policy and governance. Beneath these individuals is a senior, experienced team.

3.2 The role of corporate communications and public engagement is to protect and enhance the MRC’s reputation, help its researchers engage with the public about their work, and to deliver against MRC’s communications objectives. These objectives are set out in a communication and engagement strategy 2014 – 2019. The strategy sets out the key audiences and states as its aim: ‘to take audiences and stakeholders on a journey from awareness to advocacy.’

The role of communications for MRC
3.3 Communications is described in MRC as a ‘lever of impact’. It plays an important role for MRC in supporting and explaining the importance of its work. The panel below is an extract from MRC’s communications strategy and sets out the rationale for its communications aims and approach. Each of the three areas is a pillar of the MRC Strategic Plan.

<table>
<thead>
<tr>
<th>Our Communication and Engagement Strategy will support excellent discovery science by:</th>
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<tr>
<td>• Ensuring that the MRC is perceived as a trusted authority on medical research.</td>
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<td>• Making the case for continued funding for medical research by showcasing the positive impact of research on health, society and the economy.</td>
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<td>• Helping MRC researchers tell their story, informing their research in the process.</td>
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<tr>
<td>• Improving understanding of research amongst parliamentarians to help maintain a well-regulated and supportive research environment.</td>
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<tr>
<td>• Raising awareness of the rewards derived from a career in research, to ensure a reliable pipeline of research leaders for the UK research base and industry.</td>
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<tr>
<th>Our Communication and Engagement Strategy will help strengthen partnerships by:</th>
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<td>• Raising the profile of our partnerships, both existing and new, to ensure alignment of objectives between partners and continuing support for the partnership.</td>
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<tr>
<td>• Showcasing the MRC’s partnership potential and credentials.</td>
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<tr>
<td>• Clarifying expectations and understanding within partnerships.</td>
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<th>Our Communication and Engagement Strategy will help accelerate the pace of improvements in health and economic growth by:</th>
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<tr>
<td>• Sharing the outcomes of research to enable a wide range of audiences to access and use research results.</td>
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<tr>
<td>• Sharing our strategic direction and funding decisions across the research community, initiating new partnerships and collaborations.</td>
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Source: MRC communications and engagement strategy 2014 - 2019
3.4 In addition to these ten priority areas, the review panel also identified staff engagement, both intra-mural and extra-mural, as a key task for communications. Staff are featured in MRC’s communications strategy as a key target audience, along with: MRC community; funding partners; patient charities; industry partners; parliamentarians; journalists and the general public.

3.5 Public engagement (PE) is also part of MRC’s objectives. These are set out in the Science and Technology Act 1965 and were originally expressed in the Royal Charter 1920. These objectives are very broad. They are not expressed in a way that makes it possible to understand whether activity has met its obligations.

3.6 The communications team described six ‘spotlight’ topic areas for communications to prioritise. These are as follows:

- Antimicrobial resistance (AMR);
- Neurodegeneration (including dementias);
- Regenerative medicine (including stem cells);
- Animals in research;
- Working with and supporting industry; and
- Bioinformatics.

MRC showed the panel examples of communications initiatives for some of the spotlight areas. The panel did not see a communications rationale for each, setting out objectives, proof points and specific audience groups.

**MRC’s communications, public engagement, and external affairs teams**

3.7 MRC has a communications team of 17.5 FTE, which includes one FTE for public engagement, and an external affairs team of 2.5 FTE. It one of the two larger research council communications teams.

3.8 The teams are based across five sites (mainly London and Swindon) and has a total budget of £1.2m for communications (including staff) and £200k for public engagement. The team is an experienced one with two senior civil servants, and senior communicators in the middle-level tiers. Following the MIR in early 2014 it was re-structured, with the following changes:

- The creation of post of External Affairs Director. This is a predominantly stakeholder facing role and will be supported by a public affairs manager, a senior public affairs and policy officer, and a partnership communications manager with specific

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3 The objectives are also expressed in the S&T Act 1965, but Public Engagement was only explicitly included in 1993: “to provide advice on, and disseminate knowledge and promote public understanding of, research in the biomedical sciences”. Source: MRC supplied information.
responsibility for industry. (At the time of the review the post had finally been filled, almost a year after it was first mooted, with a half-time individual.)

- The creation of a partnership communications function.
- Channel management and publishing should be integrated within one team.

3.9 MRC has recently put in place a new external-facing website, based on a cross-Research Council platform. MRC has also launched a new intranet.

3.10 MRC has an internal communications function (called group engagement) which targets staff and university units across its various centres, units and facilities.
3. Findings

Summary

4.1 The review panel was impressed with the communications team, in particular the middle and more junior staff, who seemed skilled, experienced, dedicated and are well thought of. The media relations was singled out for praise by some interviewees.

4.2 The reviewers support the findings and recommendations of the MIR and in particular the appointment of the new director for stakeholders.

4.3 The panel recognised that the CE and deputy CE are both extremely busy and are not, as it emerged from interviews, personally disposed to act as regular, proactive spokespeople for MRC. If the situation was different, both could be effective and influential communicators, appearing much more regularly, for example, on radio and TV news as senior spokespeople for UK medical research issues. Their stance, though entirely justifiable, unfortunately seems to have acted as a brake on proactive leadership communications for MRC generally. There is a need to engage MRC leadership with their communication responsibilities and delivery, and the director of corporate affairs should lead on this.

Positive findings

Strategy and planning

4.4 MRC’s leadership committed to reputation management. It sees public engagement as important, and also the importance of making its work relevant to influencers who help shape the debates around funding. For example the CE, in his interview, identified three areas as priorities:

- bring clinical & biological data together;
- work better with industry. What we do should fuel both health & wealth – the economic impact of medical research is considerable; and
- promote research trials with human volunteers.

For each of these, and in particular the second and third areas, communications can have an important role to play.

4.5 MRC has a communications strategy which is clearly written and professionally produced. (The panel saw a great deal of written documentation, perhaps the by-product of a surfeit of reviews.) The strongest aspects of the communications strategy are:

- it is closely linked to the MRC strategic plan; and
- it contains a framework for audiences and the role for communications against each audience

4.6 Many organisations reviewed in the programme do not have a clearly written set of communications objectives and strategies to achieve them.
4.7 The review panel heard that the external communications group reviews progress against the spotlight areas three times a year. In addition the Council hear an annual update on communications, followed by Q&A.

4.8 The head of communications is an experienced professional and evidently has a good grip on the breadth and detail of MRC research activity.

**People and resources**

4.9 The communications and external affairs teams have a board level director (of corporate affairs) and is in the process of appointing a senior public servant as director of external affairs. These two roles, combined with the head of communications and the experienced team below her make MRC’s communications team overall proportionately more experienced and heavy-weight than many reviewed in the programme.

4.10 The re-structure of the teams following the MIR seems sensible and should result in a more integrated (i.e. joined up) approach to stakeholder communications in particular.

4.11 Public engagement is mainly (and fittingly) undertaken by the research practitioners directly responsible for the work. In MRC’s case this seems well managed on an operational basis, in particular because it reports in to the head of communications. The key issue being the loss of MRC profile as public engagement is attributed to universities not to MRC, following the transfer of university units.

4.12 Despite the apparent busy-ness of the team, overall resource levels within the communications team seemed more than sufficient.

**Implementation**

4.13 Media relations

4.13.1 There was a great deal of praise for the media relations team, both current and previous. They are seen as adept at managing a story, for example ensuring that Dementia advances were not exaggerated, and being prepared to speak out authoritatively on the topic of animal testing and on regenerative medicine. Partners felt that they were kept informed in a timely and intelligent way. Others commented on the quality of media training.

4.13.2 One MRC scientist told reviewers:

“*My experience is overwhelmingly positive. They have a real eye for what the journalists are looking for. Generates interest and esteem.*”

MRC research leader
4.14  Spotlight communications

4.14.1  There are several senior nominated spokespeople for three or four of the six spotlight communications areas. The panel heard positive feedback that these spokespeople were usually well briefed for interviews, ready to field difficult questions.

4.15  Digital communications

4.15.1  The review panel thought that the digital publishing team was highly able. The team, which has been re-organised for better channel integration following the MIR, explained that part of its role is to upskill colleagues and help their confidence in using social media for example. It also has a great deal of publishing to do and is stretched relatively thinly overall. Its work on developing a Twitter following and on establishing a regular blog, ‘MRC insight’, was singled out for praise in particular.

4.16  Partnership communications

4.16.1  The partnership team is relatively new, although some of the staff were regionally in regional communications roles. It was set up following the MIR, and is part of a move for MRC to become more business-focused overall. At the time of the review it was carrying two vacancies.

4.16.2  One interviewee from a NGO commented that MRC is: “open & responsive. This applies across the organisation.” Another from a pharmaceutical company felt that co-operation was good and that shared lines on specific issues worked well.

4.17  Extra-mural and intramural group engagement

4.17.1  The internal communications team of three targets staff and also targets those who work in units that have transferred across to universities. The team has recently launched a new intranet, the MRC ‘hub’, which was seen as a marked improvement.

4.17.2  It is also in the piloting senior leadership visits o extra-mural units. The objective is to improve dialogue across the MRC and its key staff and partners. These are led by the COO and will help tackle the challenges posed by trying to maintain engagement from staff moving employers.

4.17.3  Other engagement tools include science writing awards, an electronic newsletter. The team also runs the directors’ conferences.

4.17.4  MRC takes part in the civil service people survey. Its 2014 scores were very good, in particular for leadership engagement. The internal communications team can take credit for some of this success and overall it seems one of the better teams reviewed by the programme.

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4 The communications capability review programme recently reviewed internal communications across government and the findings were overall relatively critical. A summary is here.
Areas for improvement

Strategy and planning

4.18 Reviewers heard from senior leaders about the importance of reputation management, profile development and public engagement. They noted that there are gaps in ensuring senior leaders are always available as senior, credible spokespeople. And they heard some stakeholders question whether, as one put it, “comms is at the top table?”

4.19 The panel concluded that MRC’s senior leadership recognise that audiences and reputation are important. However they take insufficient responsibility for it (extra mural activities excepted), and are placing undue expectations on a half-time director level appointment, the incoming director of external affairs.

4.20 The panel heard some senior voices questioning the need to raise the visibility of MRC, and the role of MRC’s brand. MRC itself has a strong reputation among its science communities. The panel suspect that MRC would have low spontaneous awareness among a wider audience, though did not see this data. Would this low awareness matter, and why? The answer is beyond the review’s scope, but this topic is an important one and a leadership consensus about it is lacking.

4.21 There are two clear areas for improvement for the MRC strategy:

- It is very high-level and generic. It does not for example set out proof points, for example using the spotlight areas, as examples of ways to provide compelling reasons to believe for its separate audiences. Indeed, the spotlight areas barely feature in the document.
- It does not spell out evaluation measures or provide a way to check on progress against objectives.

4.22 Evaluation is a weaker area for MRC, and has been a consistent area to improve across the review programme. There is evaluation of digital communications and post project evaluation of some campaigns on a project by project basis. But the review team did not see any measures relating to the higher level communications objectives, or to the specific spotlight areas.

4.22.1 One interviewee said she could not see the point of media evaluation, a view inconsistent with GCS good practice (evaluation is mandated in government communications). Another talked about the prohibitive cost of some social media monitoring tools.

People and resources

4.23 More should be done to secure the spokespeople for the spotlight areas and increase their impact against a wider audience, and to make public engagement aligned with spotlight areas where possible. One interviewee commented that: “there is a dearth of senior people
who will do interviews.” In the panel’s view it is essential that there is a single, senior nominated spokesperson for each area who is fully media trained and understands the role he or she must play to advance the MRC’s public voice. Where the board chair has limited availability, then a champion for the area should be identified and given this spokesperson responsibility.

4.24 It has taken a considerable time to recruit an external relations director. The panel heard significant expectations being placed on this role, perhaps building excessively during the recruitment process. Taking the half-time work pattern of the appointee (who is not a scientist) into account, the review panel had a concern that the executive team would see the role diminishing their own responsibilities.

4.25 There was general concern over the impact that the university units transfer (and, to a lesser extent, Crick) would have on MRC’s visibility and impact.

4.26 The review team heard some concern expressed at the impact of short-term funding contracts on the communications team (and no doubt in others too). This is manifest in short-term contracts, for example 18 months, and employee churn. This constrains the team’s ability to develop close relationships with intra and extra mural research leads and a deep understanding of subject area.

4.27 Career progression routes at MRC seem narrow. This might explain why the interchange of communications team members to other organisations seems somewhat one-way, perhaps also as an indirect result of the 18 month contracts. Morale within the communications team seemed slightly fragile; reviewers speculated whether the lack of attention to communications at executive team level was a contributory factor.

Implementation

4.28 Overall the implementation of communications by the team itself was seen as very good. As a direction for improvement, and this is a recurring theme in reviews where the organisation has only moderate leadership engagement with communications, it was felt slightly cautious and overly news management-focussed. One interviewee close to the operation commented:

“MRC often sees comms just as media relations. Needs more internal, community, digital, public engagement. Perhaps it’s due to resource pressure. But there is a lack of comms ambition. Could be more pushy. Should promote successes.”

Stakeholder interviewee
4.29 Media relations
4.29.1 Perhaps the main issue to improve is the reputation for being proactive, both through campaigning and also in terms of speed of response and visibility on social media. A slightly ambivalent executive leadership team might be the root cause for this.
4.29.2 There was also some feedback that the communications planning grid could be used more proactively with stakeholders such as the department of Health. However there were no wider concerns about grid management.

4.30 Spotlight communications
4.30.1 Overall the feedback was that MRC lacked compelling senior spokespeople. One interviewee suggested that the Chief Medical Officer would be the spokesperson of choice for the Today programme every time.
4.30.2 As discussed below, the review panel felt that there is more progress needed in:

- Ensuring that there is complete clarity about who the lead spokespeople are for each spotlight areas. Currently there is in several but not all.
- That these spokespeople have a sense of responsibility and ownership and so make themselves available and are able to be proactive when appropriate.

4.31 Digital communications
4.31.1 The review team felt that there is considerable progress to be made in widening participation in digital communication more widely across the organisation, for example by making it central to the spotlight areas.
4.31.2 There was feedback from some interviewees that the new website is uninvolving, for example one commenting: “The website is a bit dull. A bit corporate.” Reviewers shared some of these reservations, but found it comprehensive and easily navigable. Its primary role is to serve researchers who might apply for funding and it was tested and developed on that basis.
4.31.3 The review panel was impressed with the quality and look of much of the material it was given to read. However, perhaps as a result of numerous reviews, MRC seems over-stocked with crafted documents.

4.32 Partnership communications
4.32.1 Most of the feedback from the partners interviewed was positive. There could of course be scope for closer collaboration with others not selected for interview, but the panel felt the sample was a fair representation. But with established partners there was some feedback about staff churn. For example one interviewee said: “Comms is about reputation management. There are new people who are not up to speed…”
4.32.2 One senior extra mural interviewee was highly critical of the role that RCUK’s communications plays, when working with MRC. Although this is slightly beyond the scope of the MRC review, the reviewers noted it as a potential constraint on cross council working.
4.33 Extra-mural engagement

4.33.1 This is more an area of challenge and risk than for improvement: positive efforts are already underway.

4.33.2 Many interviewees pointed out that researchers, like most employees, tend to feel most loyalty towards their immediate employer and to the research project itself, rather than a funding body. As more units are transferred to universities, freeing MRC of a considerable administrative burden, MRC’s profile will become lower. It is becoming increasingly important that MRC preserves the understanding and advocacy it still enjoys from those who are now extra mural.
5. Recommendations

5.1 This report has a lead recommendation. The review panel recommend that the MRC senior management team should take more responsibility for reputation management and the importance it has for MRC’s Strategic Plan objectives.

5.2 There are some lower order recommendations in addition.

5.3 These are proposed in isolation of the wider RC review. Its over-arching recommendations should be considered separately; they are not interdependent on each other.

Lead recommendation: improve senior leadership communications focus

5.4 Agree, at a leadership level, the view of the management board about promoting the MRC identity to specific audiences: when should this happen, against which audiences and with what prominence.

5.5 Oversee the development of a communications strategy that is more specific, with a focus on specific proof-points for communications objectives, such as the spotlight areas.
   • Develop a mini communications plan for each spotlight area, identifying audiences, key messages and measures.
   • Create proactive social media activity for the spotlight areas to promote debate and discussion among a wider (i.e. non science community).

5.6 Ensure all of the spotlight areas each have senior expert spokespeople ready to lead on communications (board chairs or otherwise). Provide each with additional media training if required and be clear about what will be expected of them.

5.7 Put evaluation in place that focuses more on outcomes against specific communications programmes among key audiences. This can be quantitative and qualitative, and should form part of quarterly reporting, by audience, against specific objectives. Each reporting session should update the management board on what was changed as a result of previous evaluation.

5.8 Give added emphasis and support to public engagement activity which enhances spotlight areas.

Further recommendations – engagement and communications team support

5.9 Objective: increase engagement with extra mural research teams. Host a series of six spotlight area communications excellence sessions, one every two months, with university
communications press officers. Work with industry and NGO partners to facilitate the sessions.

5.10 Work with the HRD to put in place a retention and capability enhancement programme for MRC communications teams (ideally in concert with other RC communicators). The aims would be to help introduce stability and new thinking into the communications team – two areas that are often hard to reconcile. Move away from 18 month contracts post spending review. Increase in-bound talent from NGOs and business and media. Work with BISD and GCS on professional development programmes.

**Actions for lead recommendation**

5.11 To achieve the outcomes intended by the report’s lead recommendation, the reviewer has suggested some specific actions for implementation in **six and twelve** months

<table>
<thead>
<tr>
<th>Item</th>
<th>Action in six months</th>
<th>Action in 12 months</th>
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<tbody>
<tr>
<td>Update communications strategy</td>
<td>• Add a one page summary grid setting out key audiences and objectives per 2015/6 strategic priority (spotlight areas)</td>
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<tr>
<td>Make evaluation more specific and actionable</td>
<td>• Put in place specific evaluation measures for each spotlight area</td>
<td>• Quarterly reporting • Summary of what activity has changed as a result of learnings</td>
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<td>Ensure each spotlight area has a readily available lead spokesperson</td>
<td>• Spokespeople to form part of quarterly reporting (if necessary in written form)</td>
<td>• Evaluation evidence to show progress on spotlight areas</td>
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<tr>
<td>Public engagement to support strategic priorities (spotlight areas)</td>
<td>• Increase emphasis on strategically important public engagement areas</td>
<td>• Add to evaluation.</td>
</tr>
</tbody>
</table>