

Author: Simone Bryan

Trade Union side access: Y

Minutes of the Council Business meeting held on 12 July 2023

Attendees		
MRC Council	Executive Board	Presenters/Guests
John Iredale	Rob Buckle	Emma Lindsell
Richard Murley (Zoom)	Patrick Chinnery	Gavin Mapstone (Items 5 & 6)
Kim Graham	Hugh Dunlop	Adam Staines (Item 7)
Roger Highfield	Claire Newland	Richard Smith (Item 8)
Precious Lunga (Zoom)	Jonathan Pearce	
Jill Pell	Susan Simon	Sarah Goler-Solecki (Item 10)
Andy Richards (Zoom)		Goran Gregoravic (Item 10)
Eleanor Riley	Secretariat	
Graham Spittle	Simone Bryan	Observers
Emma Lindsell (UKRI)	Kathryn Jackson	Rachel Burgess (Items 6 & 7)

1. Welcome and Apologies

The Council Business meeting on 12 July 2023 was held at the Hilton in York. The meeting was chaired by MRC's Executive Chair, Professor John Iredale.

Apologies were received from Professors Simon Hollingsworth, Irene Tracey and Sir Munir Pirmohamed, and Dr Lucy Chappell.

Mr Richard Murley and Doctors Precious Lunga and Andy Richards joined the meeting virtually.

2. Register of declared interests

Professor Iredale asked members to declare any new interests and send updated declarations to the secretariat.

3. Minutes of the Council meeting on 10 May 2023

The minutes were confirmed as an accurate record of the meeting.

4. UKRI Update

UKRI Director of Strategy and Senior UKRI Observer, Emma Lindsell, updated Council members on the current situation with Horizon Europe (HEu) funding and the challenge of responding to a rapid-spend commission deploying HEu underspends if delays in association

continued; the ongoing preparations and discussions across stakeholders for the Spending Review; and the UKRI leadership focus on the new operating model.

Members noted the update and commented on the Executive Chair appointment process, in particular, how the public appointment process had taken a considerable amount of time and a number of interim appointments had been made across UKRI.

Members noted how UKRI and its constituent Councils had a long track record of delivering funding into reprioritised areas quickly, which demonstrated how UKRI was a well-placed to support its parent department, DSIT, as strategic delivery partner of government departments. Regarding MRC reputation and influence, members were reminded of their advocacy role for UKRI and MRC.

5. Finance report

MRC Finance Director, Mr Gavin Mapstone, provided Council with an update on the overall financial position, and the 2023/24 extramural commitment budget, allocations, and risks. The annual accounts and reports had been signed off by the UKRI CEO. The monthly reporting into UKRI corporate hub and DSIT for 2023/24 was not due to commence until the end of period three. Most MRC programme budgets funded from the Core Research allocation showed a rising trajectory during the Spending Review (SR) period which had enabled MRC to increase the value of awards made through its main research boards, however, it was likely that the impact of the increases would be to sustain, rather than grow success rates, as the price of research increased. MRC was also expected to deliver a minimum level of spend on talent following UKRI decision to create a 'soft' ring-fence for Councils during this SR period to ensure that it delivers on its commitment of £2 billion expenditure on this activity. Infrastructure Funding and the World Class Labs allocation had increased. The main unknown was what additional funding may become available to UKRI in 2023/24. UKRI had already input into a rapid turnaround commission from DSIT on options to allocate funding within association and non-association scenarios. It was noted that in line with previous financial years UKRI has over-profiled allocations to Councils, this was expected to be offset by underspends arising on planned activities during the financial year.

Council noted the update and raised questions about the rising costs of research. As grant costs had been relatively stable over the past decade, it raised a question as to whether applicants were being under-ambitious in their grant proposals. It was agreed that this should be included as a discussion topic within the cycle of annual MRC visits to Higher Education Institute visits.

6. Rapid Spend

Mr Mapstone introduced this item. Rapid spend could be described as the need to incur expenditure within a short time horizon. The quantum involved could range from relatively small to potentially hundreds of millions if there is a requirement to redeploy funding held by DSIT for Horizon Europe. It was therefore good practice to have a range of options available that enabled MRC to utilise any underspends that arise in-year, either within its own allocations or elsewhere within UKRI/government. UKRI and MRC specific options for rapid spend were presented to Council. Council was asked to identify areas within the medical research system that had an acute need for funding and consider which of the rapid spend options were the best mechanism for providing it.

Council was presented with slides detailing MRC forecast headroom for the next five years based on assumptions of flat cash allocations in the next spending review period. This showed there was some capacity to meet short-term priorities during the current spending review

period and a balanced financial position in years beyond that. This had allowed £17m to be set aside to cover urgent pressures within institutes during 2023/24 and 2024/25. In March 2023 MRC had been able to provide an additional £10m funding to Crick utilising UKRI underspends as Crick was able to absorb funding at short notice but intramural institutes cannot build reserves, have reduced ability to generate external income and do not gain all the benefit of the IP income they generate as it's held centrally and used to support the wider MRC portfolio. Within the £17m, £4m was held for HDR UK to help bridge the gap between their QQ recommended funding and what funders had already provided.

Council welcomed the update and recognised that establishing completely new activity within the timeframe for rapid spend was not possible. Council noted that the imposition of headcount caps on Councils, and below inflation pay awards meant that options with a high burden on staff pose increased delivery risks. As MRC was currently carrying a number of vacancies, which was placing pressure on existing staff, this was impacting MRC's ability to deliver business as usual activities, but also presented a significant risk to MRC's ongoing ability to act with agility and innovation.

The importance of sustaining data sharing infrastructure that was in place to support the UK's response to the pandemic was highlighted. Suggestions were made as to whether UKRI could support this activity through its role as a convener, and whether there were any areas of activity within the CoRE investment model that could benefit from catalyst funding, for example, within the area of multimorbidity. A question was raised as to whether external staff can be bought in to support new areas of activity and reduce the burden on internal staff. It was confirmed that MRC does bring in secondees to deliver discrete projects and this is particularly common for evaluation.

Members asked about the option of overpayment into MRC's pension fund and how this benefitted the research community. It was confirmed that overpayments into the pension fund reduced the likelihood that future science budgets may be reduced in order to meet a deficit in the pension fund. Overpayments minimise the volatility of employer's contribution, therefore maximising amounts available for research at any one time.

Council commented that it would be useful for future discussions to understand the potential scale of the impact of each of the rapid spend options. It was agreed that a further discussion item on rapid spend would be brought to Council at its October meeting.

7. MRC-Led Bids to the UKRI Infrastructure Fund 2023

Dr Adam Staines, MRC Associate Director of Cross-Council Partnerships and Infrastructure, introduced this item. Council was asked to comment on the potential MRC (&EPSRC)-led distributed infrastructure for high throughput and high precision mass spec (C-mass), proposed for submission to the UKRI Infrastructure Advisory Committee. The proposal had been developed over the last two to three years in collaboration with the external academic community, the Engineering and the Physical Sciences Research Council and the Biotechnology and Biological Sciences Research Council. MRC's Infrastructure and Capital Strategic Advisory Group had discussed and reviewed the proposal with input from MRC Strategy Board Members.

Council noted the environmental sustainability relevance of the bid, in that the proposal would allow upgrade to more efficient equipment and increase data sharing and interoperability of mass spectrometry data. It was confirmed that the investment would leverage further funding

from the manufacturing and chemical industries and that industry would fund the resource and pay to access the data, making the investment self-sustainable within five years. Council commented that as this investment was across a UK wide network, it would be important to recognise this geographical distribution, not just the hub of the investment, when representing how MRC funding is distributed across the UK.

Council agreed that the bid was of strategic relevance to MRC.

8. Health & Safety, Security, Resilience Annual Report

Richard Smith, MRC Health & Safety Advisor, presented the annual Health and Safety, Security and Resilience report to provide Council with assurance on compliance with legislation and policies, and provide an update on the activities in progress. It was confirmed that: MRC was still waiting for benchmarking data from the European Association of Research and Technical Organisations; the increase in Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) rate of the last Financial Year could not be attributed to one factor common across all incidences; and every effort was being made to ensure that the health and safety of all staff was paramount at all times and lessons learnt could be disseminated to all Councils. MRC continued to receive regular updates from its Security Services on activism across its institutes and had identified where UKRI and MRC had been named and targeted by animal rights groups. No direct action or protest had been made to date, but continued liaison with local neighbourhood policing initiatives along with local security guard force arrangements was ongoing to ensure security was maintained and effective.

Council noted the update and commented that it would be useful to have sight of cyber-attack incidence data. It was confirmed that these data are monitored by the UKRI board, but that data could be included within the operations dashboard regularly provided to Council for information.

9. UKRI Management of Carbon Emissions

Dr Susan Simon, MRC Director of Capital and Estates, and Chief Environmental Sustainability Officer updated Council on UKRI's activities to control and reduce carbon emissions in line with the target of Net Zero for UKRI by 2040. UKRI's Executive Committee (Ex-Co) had agreed that carbon budgeting was to be implemented and had commissioned UKRI's Environmental Sustainability Programme with the development of a proposal. UKRI Ex-Co acknowledged that the carbon budgeting must include Scope 3 emissions for major investments to avoid the unintended consequence of pushing future investments outside UKRI and exerting UKRI and Council influence on its investments to drive environmental sustainability and meet the government target of Net Zero by 2050. The model for the carbon budget would be developed through the assessment of options, which would be consulted on across UKRI, but it was not expected to include grant funding. Activities were now starting to establish what UKRI investments were and understand their respective emissions.

Members welcomed the update and raised questions about the approach to cutting carbon emissions across UKRI investments, specifically, whether constituent parts of UKRI were being asked to cut carbon emissions equally across their portfolios, or whether investments with the highest carbon emissions would be targeted, across UKRI's portfolio as a whole. It was confirmed that there were ongoing discussions considering how best to balance the imperative to reduce carbon emissions, with the need to continue to deliver research. It was noted that the Natural Environment Research Council had large emissions due to its research ships and that MRC was a large user of fresh water (and discharge). This was driven by MRC's animal houses, where the cage wash facilities required significant volumes of water and was not suitable for recycling/reuse.

It was confirmed UKRI is investing significantly in solar energy technology.

10. Diversity across MRC Governance Structures

Dr Goran Gregorovic, Partner and Head, UK Research, Technology and Innovation Practice, Perret Lever, joined Council to give perspectives on recent recruitment rounds for Council members and diversity of the applicant pool. MRC was well recognised for the central role it played in the biomedical and health research ecosystem and was considered to have a long track record of supporting world-class biomedical research and innovation, and people and careers. There was a minority view that MRC Council was seen as elitist in comparison to other Councils of UKRI, and some candidates felt less confident to apply for roles on MRC Council if they had not previously had extensive engagement with MRC. This had the potential to impact upon the diversity of views represented across MRC Council. Suggested ways to support increased diversity included; being explicit about diversity requirements across the recruitment process, including initial briefing of search agencies (if search agencies are used), increasing geographical representation across membership, including from Research Organisations that had not traditionally had extensive engagement with MRC, increasing representation / contribution of individuals from earlier career stages, considering how to encourage representation from individuals with non-visible forms of diversity, such as diversity of socioeconomic background. A comprehensive induction and ongoing support programme could encourage applications from underrepresented groups and help individuals to become established within the role.

Council welcomed the update and asked if there were any particular attributes of diversity that were difficult to recruit for. It was confirmed that non-visible forms of diversity were most difficult to recruit for, and often not easy to measure, and that when recruiting for these attributes, significant time was needed to engage widely and more deeply across the biomedical research community. It was noted that non-visible forms of diversity could have a higher prominence if an open and inclusive work-place culture was in place. MRC had committed to creating the widest range of opportunity to contribute, or to learn, with the aim of supporting the widest talent pipeline. Council noted that many of the proposed activities for supporting the talent pipeline would take time to elicit change and highlighted that it would be important to consider what short term activities could be undertaken to effect change more quickly.

Dr Sarah Goler-Solecki, MRC Equality, Diversity and Inclusion Engagement and Change Manager provided Council with data relating to the diversity of membership of MRC governance structures and set out a number of new approaches to improving representation across MRC governance structures. Work in MRC had already been undertaken to increase and ensure diversity within MRC research board/panel membership which had correlated with some early measurable impact, although it was recognised there was still more work to be done. Short term measures to increase diversity could include critically examining criteria for board/panel membership to ensure this was not disadvantaging members of certain groups and took structural barriers into account (recommendation seven), and extending the Board Observers scheme beyond boards/panels to conduct a trial in Council targeted at underrepresented groups (recommendation three). It was recognised that there was a potential intersection between this work and the widening Public and Patient Involvement and Engagement Strategy.

Members highlighted the importance of bringing in contributions from individuals at earlier career stages and emphasised the need for a package of ongoing support for individuals, such as mentorship and training and development, to facilitate the learning process and help individuals become established with their roles. Criteria for appointment would need to be reviewed to reflect the experience required to ensure it was commensurate with career stage. Members welcomed proposals to consider diversity across MRC's Executive Board and for

the Senior Leadership Team to ensure this was better embedded in the career development of its staff. Members noted recommendation four which would implement an Associate Member Scheme for internal staff to attend Executive Board and commented that this would bring in both a greater diversity of perspectives and provide people with the opportunity to develop skills and leadership experience which may in turn place them in a more competitive position to move into open positions when the opportunity arose. It would be important for MRC to consider how it would share best practice and lessons learned with other funders across the ecosystem, in this way, delivering impact beyond its own work to build on and ensure diverse representation across its governing bodies.

Members suggested that MRC considers whether there were any current processes/practices that could reinforce structural barriers inherent in entry routes and criteria, and underlying bias around limited candidate pools. Discussion centred on the recent recruitment round for new MRC Research Board Chair positions*, where for example Higher Education Institutes were requested to nominate candidates which might create bias. Members strongly emphasised that this should be an explicitly open recruitment process, and while the roles were advertised on the UKRI website it was agreed that head office should look at the current procedure in order to ensure there was sufficient proactivity in ensuring candidature from as wide a section of the community as possible in future.

Council approved the recommendations and suggested that recommendation four (implement an associate member scheme with mentorship) be extended across both MRC's Executive Board and MRC Council.

** To be reported to October Council*

11. Equality, Diversity and Inclusion (EDI) Considerations in decision making

Council reviewed the decisions made during the meeting for EDI considerations, noting that these were implicit for the discussion on diversity across MRC governance structures.

12. Environmental Sustainability considerations

Council reviewed the decisions made during the meeting for environmental sustainability considerations, noting that these were implicit for the items on MRC led bids to the UKRI infrastructure fund and management of UKRI carbon emissions.

13. Any other business

Under Any Other Business, Council was updated on; the change of name for MRC's London Institute of Medical Sciences (LMS) to the Laboratory of Medical Sciences; Dr Graham Spittle was stepping down from his role as Chair of Health Data Research UK. Professor Iredale thanked Dr Spittle for his long-standing contribution.

14. Council private business

Following the meeting members held a private business meeting.

Items for Information

Council noted the following papers for information:

15. Updates from the Executive

16. Quarterly Operations Updates: dashboards

On the morning of the following day, **13 July**, MRC Council held a joint meeting with MRC's Strategy Board. A discussion on the London Institute of Medical Sciences was scheduled as item 3 on the agenda for this meeting to allow members of MRC's Strategy Board to input into discussion. As this item was officially Council business, the discussion has been recorded as part of the Council Business Meeting minute.

3. New London Institute of Medical Sciences (LMS) Strategy and Funding Uplift Request

Dr Richard Evans, Programme Manager for Clinical Sciences and Rare Diseases introduced this item and reminded members that the outcomes of the LMS quinquennial review (2016-2021) were considered by Council at its meeting on 4 March 2021. Council identified the need for a shift in how clinical science was expanded and integrated within LMS, alongside renewed ambitions for interdisciplinary research and translation that would capitalise on the interests on the White City campus of Imperial College London. Core funding was awarded at 90% of level funding, and Council asked that a 'Taskforce' be convened to advise Council on these future plans. Following the conclusion of the QQR, Professor Dame Amanda Fisher stepped down as LMS Director. In April 2021 Council agreed that the new director should be invited to present their strategic plans for the LMS to Council and could present a case to bring core MRC support back up to level funding to support implementation of the new clinical science strategy. The Director post was advertised in April 2022 and recruitment was conducted jointly between MRC and Imperial. Professor Wiebke Arlt was identified as the preferred candidate and took up the post from January 2023, also becoming Professor of Transdisciplinary Medicine and Head of Department, Institute of Clinical Sciences at Imperial. LMS had now provided renewed strategic plans and requested an uplift of approximately £6.7m (for the remainder of the QQ, ending March 2026) to increase core funding to support the introduction of challenge-based research; support clinical and non-clinical research careers; and enhance translational capabilities.

Members welcomed Professor Arlt to the meeting. Professor Arlt outlined the newly defined mission of the LMS to deliver transdisciplinary team science for challenge-led mechanistic discovery that advances the understanding of human biology and disease; develop translational scientists of the future through integrated transdisciplinary training of basic and clinician scientists locally and nationally; and drive transformative innovation that created lasting impact on human health. Professor Arlt described the LMS' location on Imperial's Hammersmith campus, which provided a clinical-translational, multi-disciplinary and entrepreneurial STEM environment. The new LMS building was located adjacent to Hammersmith Hospital, part of Imperial College Healthcare NHS Trust, close to the Imperial Centre for Translational and Experimental Medicine and NIHR Imperial Clinical Research Facility and only a few minutes' walk away from the multi-disciplinary environment of Imperial's White City Campus. The LMS was therefore ideally positioned in a premier translational health research environment.

The development of the new LMS scientific strategy had identified three core, interlinked areas of mechanistic discovery research: cell identity across the life course; gene-environment interactions; and sex differences in biology and disease. The LMS would take a national lead in developing and deploying an integrated transdisciplinary training approach in which scientists from different disciplines, including basic and clinical research, learn each other's languages and approaches. This would create highly versatile and flexible scientists who would be well suited for academic and industry research and translation. The well-established Chain-Florey Clinical Research Scheme would be expanded to cover the complete clinical

academic training pathway in order to avoid gaps at key career stages, provide support from early on, and increase retention throughout the career pipeline.

Council and Strategy Board members welcomed the update and congratulated the Director on the development of an impressive new strategy that was more strongly positioned in clinical science and human biology/pathobiology, made full use of LMS' multidisciplinary environment, and had strong plans to train and develop transdisciplinary scientists and support clinical academics. Members raised a number of questions covering: LMS' role as a national asset and how it would partner nationally with other research organisations and MRC centres and units; the breadth of engagement with end-users for translation and impact; how best to support interdisciplinary PhD training and strengthen the clinical-academic pipeline (in particular, the transition to independence career stage); support and development of the technical workforce; and how challenges and barriers would be overcome to successfully implement and recognise the team science model.

Professor Arlt confirmed that strategic partnerships would be established with patient groups, healthcare providers, educational institutions, community organizations, and policymakers to facilitate the translation of research into practical applications, healthcare innovation, patient/research recruitment and the development of policies and impacts that benefit society. The Institute was currently scoping out how best to support a national network including MRC supported centres and units through nationwide accessible activities; early ideas included offering to host the Academy of Medical Sciences Clinical Academics in Training annual conference, a seminar series and leadership programme for clinician scientists, and an annual meeting for early career clinical academics working with the human as an experimental model. The Institute would also work in collaboration to provide summer graduate schemes at the University of Cumbria and Imperial College London medical school.

Members commented on the strength of the research culture and public engagement aspects of the new strategy which could be a model for other organisations to adopt. The transition to independence career stage was highlighted as a vulnerable career stage for clinical academics, particularly for women, and members asked what support was in place to support this critical career stage. Professor Arlt explained that the Chain-Florey Scheme would include Transition-To-Independence Fellowships (80% research/20% clinical activity), providing dedicated mentorship and support in preparing for an externally funded 5- year clinician scientist fellowship that would lead to independence. Members highlighted that effective working with medical deaneries was essential to addressing the clinical academic pipeline, and this would require coordination with existing centres of excellence and best practice. To support technical careers, line management structures would be amended so that the Director and Head of Operations could influence the provision of continuous professional development for the technical workforce. A two-year Graduate Scheme would be implemented and consist of rotation placements within the LMS core facilities. Upon completion, graduates would be well placed for research assistant posts, or for Masters level training, potentially leading to PhD studentship opportunities.

Members noted the strong translation and innovation aspects of the new strategy and commended the appointment of an entrepreneur in residence. Members noted the new strategy would create a very strong bridge from clinical academia to industry. It would be important for the Director to consider co-creating research and training plans with industry, and to include industry representation on the LMS' Strategic Advisory Board.

Professor Arlt recognised that there would be challenges to overcome to successfully deploy challenge-led transdisciplinary team science and that this would require the adoption of novel practices, including transdisciplinary training programmes and piloting several exemplar

challenge-led team science projects. A key challenge would be engaging Group Heads with a challenge-led transdisciplinary team science approach when the current QQR assessment model focuses on individual programmes. It would be important for the LMS and MRC Head Office to agree an assessment approach that appropriately recognises team science approaches.

Following discussion, Strategy Board members were asked to leave the meeting while Council deliberated its decision. Council fully endorsed the new strategy and approved the funding uplift in full.