

## Briefing Paper

**Date:** 02/12/2020

**Title:** BNSSG CCG Research Capability Funding spending plan

**Author:** Paul Roy, Research Innovation and Contracts Manager

---

### 1. Purpose

This paper serves three purposes:

1. Contextualises BNSSG CCG Research Capability Funding (RCF) in the Background section,
2. Provides transparency with regards the decision making on how the Research Team manage the RCF,
3. Invites the Research Advisory Group to hold the Research Team to account with regards the decision making and management processes so that we can be confident our processes and our management of RCF is appropriate.

### 2. Background

#### 2.1 What is RCF

RCF is an NHS budget, allocated to NHS organisations that undertake National Institute for Health Research (NIHR) research projects. RCF is intended to help the NHS organisation maintain research capacity and capability.

The key to our success is our partnership working with colleagues in the local Universities, Local Authorities and local Health & Care Providers, as well as the Clinical Research Network. We have created a cross-organisational research support office for non-Hospital based NIHR portfolio health research. This means that we have multiple stakeholder organisations to consider when investing RCF, namely: our population; the University of Bristol; the University of the West of England; the three Local Authorities and the Clinical Commissioning Group.

Over the past year, the Research Team have undertaken a review and refresh of how we manage the RCF budget. We reviewed all previous RCF investments and found 12 categories of spend. We have reviewed the aim for each category of spend, ensured there is a clear and transparent process for decision making, and a plan for monitoring the outcomes of each category.

## 2.2 Accountability

The Research Team report directly to the Department of Health & Social Care on the spend of the CCG's RCF allocation, and by this annual process the CCG can be assured the RCF has been spent appropriately. Our financial processes are fully auditable, including the decision making process, and we work within the CCGs financial structures to ensure compliance with NHS spending regulations.

Further, we ensure that all staff appointments funded by RCF in external organisations go through all relevant HR and finance checks within the employing organisation.

## 2.3 Accountability to Local Stakeholders

With the measures above, we are confident that our spending will continue to be within the DH&SC rules regulating RCF spend.

However, within those rules of spending there are choices that are available to the CCG on what we spend our RCF award on.

We strive to be transparent, open and clear with regards how the RCF spend is decided. Over the past 12 months we have developed a new structure to improve our management of the RCF, increasing the transparency of decision making in regards the development of the spending plan, and to ensure that due process is in place for each budget category on the spending plan.

The factors listed below, as well as our learning from previous investments, are considered within our decision making on both the budget categories on our spending plan, as well as each individual award made.

## 2.4 The factors guiding our RCF investment choices

The factors which are considered when devising the RCF spending plan, and in the decision making process of each award are the:

1. NIHR's stated aims of RCF,
2. NIHR Mission statement,
3. Vision of BNSSG CCG,
4. Relative contributions of Partnerships generating our RCF award,
5. Pan-Bristol Knowledge Mobilisation approach, and
6. Strategy of the RCF virtuous circle (APCRC, then BNSSG CCG R&E).

### 2.4.1 NIHR's stated aims of RCF

The NIHR provides NHS research active organisations with Research Capability Funding to enable the local NHS-academic partnership to:

- *“help research-active NHS organisations to act flexibly and strategically to maintain research capacity and capability*
- *support the appointment, development and retention of key staff undertaking or supporting people and patient-based based research*

- *contribute towards the costs of hosting NIHR-funded or ‘adopted’ research that are not currently fully covered across NIHR’s programmes, and that are not met in other ways.”*

#### **2.4.2 NIHR Mission statement**

Research Capability Funding is an NIHR budget, and should be used to help the NIHR achieve its mission, which is:

- “1. We fund, support and deliver high quality research*
- 2. We engage and involve patients, carers and the public*
- 3. We attract, train and support the best researchers*
- 4. We invest in world-class infrastructure and a skilled delivery workforce*
- 5. We partner with other public funders, charities and industry*
- 6. We fund applied global health research and training”*

#### **2.4.3 Vision of BNSSG CCG**

While the RCF has to be invested in research, it is an NHS budget awarded to BNSSG CCG. As such, the spending decisions made should compliment the work of the CCG.

The CCG aim is to:

- improve the health of the whole population
- reduce health inequalities
- ensure NHS services are fit for the long term.

Decision making for RCF is made in line with the 5 principles of the CCG ethical framework:

1. Rational (logical, evidence based, assessing benefits and harms, taking account of the wider political, legal and policy context, decisions made by competent individuals)
2. Inclusive (equal opportunity, PPI, balances rights of individuals with the rights of the community)
3. Take account of the value we will get (getting the most value from finite resources)
4. Transparent and open to scrutiny (this paper and the role of the Advisory Group and the annual report to the DH&SC)
5. Promote health for both individuals and the community (promoting sustained good health as well as curing illness)

The CCG’s role in the Integrated Care System (ICS) and within Bristol Health Partners (BHP) puts forward a compelling argument for increasing our partnership working, so that the existing Research Team act as a research office for all the non-Trust ICS organisations. We are working with the Local Authorities and Sirona to formalise our relationship, and replicate the role we already deliver for primary care. As such, our Research Capability Funding spend should continue to not be limited to the NHS, but reflect and contribute to the integrated partnership of the ICS.

#### **2.4.4 Relative contributions of Partnerships generating our RCF award**

The RCF is generated from partnerships between the CCG and academics within our local Universities. We can calculate the proportions of our award generated by partnerships with UWE and by partnerships with the University of Bristol.

We do not intend to spend the RCF to the exact same proportions that generated the RCF, but this will be a consideration when we make our spending plan, and the spending decisions, so that the (partnership) organisation that generated the greater proportion of RCF should receive the larger share of the RCF spend in that year.

#### **2.4.5 Pan-Bristol Knowledge Mobilisation Approach**

The CCG Research Team are committed to knowledge mobilisation, creating evidence informed commissioning and practice, and practice informed research. We use RCF to encourage co-design of research applications with cross-organisational collaborations which include the end-users of evidence (patients, practitioners and commissioners). This increases the quality and impact of the research, which benefits all of our stakeholders.

#### **2.4.6 Strategy of the RCF virtuous circle (APCRC, then BNSSG CCG R&E).**

The virtuous circle aim is to invest RCF in generating NIHR grant applications, which if, awarded will contribute further RCF in the future. The virtuous circle strategy has driven CCG's RCF income so that the CCG consistently tops the leader board of research active CCGs. This virtuous circle must be maintained to ensure the longevity of the benefits of the RCF to all of our stakeholders.

### **2.5 Monitoring RCF investments and Learning for future investments**

#### **2.5.1 Key measure of performance**

The key measure of the success of our investments is the CCG's RCF income in comparison to other CCGs and our local NHS Trusts. On this measure, BNSSG CCG is established as the leading research active CCG in England, topping the rankings for each of the past 7 years (and 8 of the past 9 years).

We are clearly doing well on this, and it is important to monitor and learn what we are doing well and in what areas we might improve. Further, this measure says nothing about how that success translates into improved services or experiences for our patients. Therefore, the Research Team will ensure that all projects associated with CCG RCF are followed up until conclusion and any impact on patient care or services is recorded and reported as part of our ongoing monitoring of our performance.

#### **2.5.2 How we monitor RCF spend**

We have clear expectations on the outcome expected for each category of the RCF spending plan, and these are explicitly stated as the intended outcome on each RCF award letter. The RCF award letter forms are incorporated within the contractual agreement between the CCG and the recipient organisation. Each category of spend has its own intended outcome, which reflect the factors guiding our investments described above. The measures of success (which are stated below) have been chosen so as to monitor our success at meeting the factors guiding our spending decision making.

It is important to note that there are inherent risks on all of our investments, in so much that we are not guaranteed results from any of the investments. Therefore, we do not deem not achieving the

stated outcome as necessarily a sign of mismanagement or negligence. However, we would deem that not learning from our investments would be negligent on our part.

The Research Team meets with each recipient of RCF to co-produce a plan for developing the RCF funded work, and to offer support. The Research Team maintain regular contact throughout the duration of the RCF award.

Each recipient of RCF completes an annual report, which informs the CCG's report to the DH&SC.

We measure the following and propose to report on these annually to the Advisory Group to demonstrate the effectiveness of our RCF spending decisions:

- Our RCF award value and ranking as a CCG (overall performance)
- The number of grants in, and value of, our current portfolio (virtuous circle)
- How many of our grants have come from RCF investment (virtuous circle)
- The number of individuals funded by RCF (maintaining capacity and capability)
- The number of grant applications being developed using RCF support (virtuous circle)
- The number of grants awarded with CCG host due to Research Team networking (Knowledge Mobilisation)
- The percent of the above grant applications in development that actively contribute to the CCG's vision, and the areas of CCG work that the developing research aligns to (CCG vision)
- Our spend broken down per-organisation (relative contributions)
- The percent of RCF projects which have co-design with commissioners, 100% have PPI (Knowledge Mobilisation)
- Long-term follow-up for impact on services and/or patient care (CCG vision)

We are committed to monitoring progress and outcomes, and to learning from our colleagues in order to maximise the value to our population from our investments.

We are aware that there are wider benefits from the RCF investment in our knowledge mobilisation strategy which are harder to quantify and/or directly relate to a particular RCF investment. These can be hard to identify and to quantify, and the Research Team would appreciate thought and guidance from the Advisory Group on measures or techniques we might employ to capture and record these.

### 3. Key Points/Issues of Concern

#### 3.1 Why we do this

With a strong research environment contributing to an evidence aware culture; with stable employment supporting the retention of talented academic staff; with a knowledge mobilisation approach encouraging genuine co-design, the research we support with RCF will have the best

chance of being of high academic quality, useful and relevant to health services, and ultimately, improving the health of our population.

Further, the partnership between Higher Education Institutes and the CCG will generate greater benefits from the collaborations between colleagues working across organisations, such as RCF supported Population Health Management, RCF supported evaluations of current services (such as in Medicines Optimisation), RCF supported CCG capacity to undertake evidence reviews informing commissioning decisions, and increased access to world leading experts to help inform decision making, and increase our ability to learn from decisions.

We hope that our population sees the CCG’s position at the forefront of research as a tangible way that we are creating sustainable health services for the long-term.

### 3.2 How we do this

This document sets out the context and factors influencing our spending decisions, and proposes a process for setting Annual RCF Spending Plans, as well as the process by which the Research Team’s management of the RCF budget will be assessed, and how the RCF investments achieve their aims will be monitored.

We propose two meetings per year, with the focus of each agenda as below:

<b>April</b>	<b>October</b>
Sign off of the RCF Annual Spending Plan for the coming year.	Mid-Year review of spending against the Annual Spending Plan
Review of the previous years’ spending against that year’s Annual Spending Plan	Review of the performance against the outcome measures (both overall and annual)

With the Annual RCF Spending Plan proposed by the Research Team, there will be an accompanying paper explaining the rationale for the category budgets included, and omitted, on the Annual RCF Spending Plan.

The accompanying paper Each category on the Annual RCF Spending Plan will have a clear and transparent decision making process, and the intended outcomes for that category (linked to the factors influencing our RCF decision making detailed in section 2.3), along with a monitoring plan.

We will ask that the Advisory Group reflect upon:

- The categories comprising the Annual RCF Spending Plan,
- the relative percentages assigned to create the draft budget for each category,
- the decision making process for each category
- the plan for monitoring and reporting on each category

We ask that the Advisory Group challenge the Research Team, in order to maximise the value we can gain from the RCF award.

## 4. Risk and Mitigations

### 4.1 Fraud

The CCG is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, we have given consideration to fraud and corruption that may occur with regards RCF, and our responses to such acts, during the development of the RCF decision making processes detailed with this document.

The measures we use to counter fraudulent and corrupt activities are the:

- Transparent governance processes on decision making detailed within this document,
- Our process ensures that each spend must match one of the pre-set descriptions of legitimate RCF spending provided by the DH&SC in the RCF annual report before award letters are finalised.
- Continued scrutiny of the DH&SC on our spend,
- Advisory Group scrutiny on our spending plan and decision making processes,
- CCG Finance processes involved in processing each transaction

We feel these adequately reduce the risk of fraudulent and corrupt activities on the CCG's RCF.

### 4.2 Hosting choice

There is a risk of University colleagues opting against the CCG as the host. We mitigate this risk by delivering an enhanced research support service, which is flexible and reactive to support each project. We have a "customer survey" to make sure that our research support service meets the expectations of the Investigators, and have created supportive working partnerships with the University based research support teams (e.g. Sponsorship).

### 4.3 Poor performance on individual investments

The risk of intended outcomes not being achieved on each RCF investment are mitigated by the competitive application processes, and the monitoring and support of the Research Team, as well as the reciprocal partnership we have established with senior academics.

### 4.4 Flexibility

A risk we mitigate against is being too rigid in our setting of our spending plan. RCF is provided so that we can act flexibly, and we acknowledge that this flexibility is a key component in getting the most value from our RCF award. We mitigate against this by devising annual spending plans in partnership with our main stakeholders, and using the draft budgets of each category on the spending plan as a guide for the Research Team, not absolute aim. In managing the RCF budget, there will be variance. Where these are a significant deviation they will be discussed with our senior University colleagues, the CCG's Medical Director and the Chair of the Advisory Group.

## 5. Summary and Recommendations

### 5.1 Summary

The CCG's RCF is spent strategically to:

- Contribute towards the aims of the NIHR,
- Contribute towards the aims of the CCG (and Healthier Together),
- Contribute towards the aims of the University Departments we collaborate with,
- Drive the pan-Bristol Knowledge Mobilisation approach,
- Maintain the RCF virtuous circle
- Reflect the relative contributions of the University Partnerships contributing to the generation of the RCF

We recommend that the Advisory Group

- approve the plan for devising the annual RCF spending plan
- approve the plan for monitoring the management of the RCF award by the Research Team
- approve the plan for monitoring the outcomes of the CCG's RCF investments
- continually challenge the Research Team to improve our processes, management and performance

## **5.2 Plan for devising the Annual RCF Spending Plan**

The Research Team will work in partnership with our Partners to devise an annual spending RCF plan.

This plan will be presented to the Advisory Group in April of each year, along with a paper which sets out a rationale for the plan, and, for each budget category, defines the governance processes for decision making, the intended outcomes and the monitoring plan.

The spending plan will be a guide for the Research Team, and significant deviations will be reviewed and approved by the CCG's Medical Director (Clinical Effectiveness) and Chair of the Advisory Group.

## **5.3 Plan for monitoring the management of the RCF award by the Research Team**

The Research Team will present a mid-year progress report on the RCF spend to the Advisory Group each October.

An End of year report on RCF spend will be presented to the Advisory Group each April.

## **5.4 Plan for monitoring the outcomes of the CCG's RCF investments**

The Research Team will present the measures detailed in section 2.4.1 of this paper to the Advisory Group each October, along with the measures for each previous years' spending plan (as detailed in the paper which will accompany the Annual RCF Spending Plan presented in the April Advisory Group meeting).

The outcomes often take many years to come to fruition, so we propose to continue to monitor outcomes over all our RCF investments, as well as break these down by financial year.