

Paper 1: 2021-22 Research Capability Funding Spending Plan

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Purpose

This paper sets out the Research Team's recommendation for the 2021-22 Research Capability Funding (RCF) Spending Plan. The Spending Plan will be used to guide the day-to-day spending of the CCG's RCF by the Research Team. Significant deviations from the plan are possible, and will require prior advice from the Advisory Group Chair, before authorisation by the Medical Director and implementation by the Research Team.

The Advisory Group is asked to give their approval and/or advised amendments on:

- **Section 1** - the categories and draft budgets of the proposed RCF Spending Plan
- **Section 2** - the details of the timing, governance, outcomes and aim of each category within the Spending Plan.
- **Section 3** - how the proposed RCF Spending Plan meets the Factors which are considered when the CCG spends RCF (as approved by the Advisory Group in December 2020 and listed at the start of Section 2 of this paper).
- **Section 4** – Specific points for consideration

Section 1

The Proposed RCF Spending Plan

| Category | % of RCF budget | Actual budget (£) | Rationale |
|---|-----------------|-------------------|--|
| 1. Open Calls (includes the Responsive Call, Themed Call & Commissioned Calls) | 15% | £200,000 | Traditionally the Open calls have awarded 11 applications per annum, using 13% of the total RCF spend. In 2020-21 we spent £184,765.83 on 13 awards (+3 which withdrew). We hope to sustain this increased level of activity as our virtuous circle continues to grow. |
| 2. Career Development posts (depending on the prioritised lists from the Universities, we might pool this budget with Departmental Development budget) | 18% | £240,000 | In 2020-21 we allocated £200,000 but spent £274,714.12 on this category. By using the underspend from Category 1 we were able to fund all of our University Partner priority posts. Several of the posts from last year incur costs this year, and so we propose to increase the planned budget compared to last year. |
| 3. Departmental Development posts (depending on the prioritised lists from the Universities, we might pool this budget with Career Development budget) | 18% | £240,000 | In 2020-21 we allocated £200,000 and spent £204,575.90 on this category. Several of the posts from last year incur costs this year, and so we propose to increase the budget compared to last year. |
| 4. Launching Fellowship | 6% | £80,000 | This is a set amount of resource, 18 months full time funding. The costs will depend upon the salary of the awardee. |
| 5. Researcher in Residence | 3% | £40,000 | We propose that a different model of “short-sharp” projects will enable the best use of this budget, and create the best environment for growing collaborations. We have funded one of these as an extension of a previous Researcher in Residence post and this cost ~ £10k but the network had already been established. |

| | | | |
|-----------------------------------|------|------------|--|
| 6. Management Fellows | 3% | £40,000 | We have two distinct desires for this budget, and we hope to be able to fund both. |
| 7. Research support and Hosting | 20% | £265,000 | The spend is detailed in Section 2.7.1 |
| 8. Bridging funding | 1% | £10,000 | Based on the need in previous years |
| 9. Maternity/sickness/backfill | 1% | £10,000 | Based on the need in previous years |
| 10. Extensions to existing awards | 2% | £20,000 | In 2020-21 we spent £91,375.55 because COVID19 caused a lot of delays to projects. We were advised by DH&SC that RCF should be used to extend RCF funded staff during the pandemic. We expect this need to continue into 2021-22, but reduced compared to last year. This allocation is significantly more than previous years, but significantly less than 2020-21. |
| 11. Senior Investigator Awards | 11% | £150,000 | Each of our two Senior Investigator Awardees (Prof Julian Higgins and Prof Alastair Hay) receive £75,000 in RCF. We propose that this full amount is used at the Senior Investigators discretion (i.e. no top-slice). |
| 12. Contingency | 2% | £24,497 | We have learned that in many occasions, the official cost is a few thousand above the <i>estimated cost</i> . The contingency allows for this variance, and for balancing categories which overspend. |
| Total | 100% | £1,319,497 | |

Section 2

The CCG's RCF is spent strategically to contribute towards the following Factors:

- The NIHR's aims for RCF
- The NIHR's mission statement,
- The aims of the CCG and Healthier Together,
- Reflect the relative contributions of the University Partnerships contributing to the generation of the RCF
- Drive the pan-Bristol Knowledge Mobilisation approach,
- Maintain the RCF virtuous circle

This section describes the proposed categories and presents the relevant information on each, including the governance process, the timings, the intended outcomes/measures of success and which of the strategic aims of RCF are intended to met by the category.

Category 1: Open calls = £200,000.00

2.1.1 Committed funds

There are two awards within this budget that we have commitments to meet, which will total up to approximately £38,000.00:

1. The panel approved a project for funding in the January 2020/21 call but asked the Research Team to scrutinise and negotiate the proposed spend. This is ongoing so we do not know the final amount, but we could spend up-to £32,000 of 2021/22 on awarding this application from 2020/21.
2. A Primary Care Research Development Network. An idea from academics and GPs involved in research. We are piloting a group of up-to 6 practices, who will be actively involved in helping our RCF recipients to develop their research projects e.g. undertaking or constructing database searches, feedback on protocols, stakeholder engagement etc. Adopting the model of the Clinical Research Network's Research Sites Initiative (RSI) scheme, each member practice would receive an annual membership payment of £1,000 to cover the costs of their engagement with RCF recipients.

2.1.2 Timing

Quarterly deadlines for review, although applications can be made at any time throughout the year. The review deadlines are 16th April, 14th July, 15th October, & 14th January 2022

Governance process

1. Screening checks
 - a. Remit (Health + outside of Trusts + BNSSG connection)
 - b. Originality (online databases of ongoing research checked for duplication)

- c. Finance (High or unexpected costs flagged to panel, and previous performance if applicant has previously received RCF)
2. RCF Panel. Assess whether the project is relevant to the Health Services, and has a clear and well thought-through route to improving care. Membership:
 - Clinical Lead for Clinical Effectiveness & Research
 - Head of Clinical Effectiveness & Research
 - Research Innovation and Contracts Manager
 - Senior Programme Manager - Clinical Effectiveness
 - Prof of Knowledge Mobilisation and Musculoskeletal Health
 - Head of Contracts - non-Acute
 - If there is a tied outcome, the application is judged by the Medical Director
3. Check by a relevant System colleague leading on that area of work (e.g. Clinical Lead for Primary Care). They have a veto on the application if the project would clash with their work/aims.
4. External appraisal:
 - Patient and Public Involvement representative (patient view)
 - Bristol Health Partners (ensure links to ongoing work)
 - Research Design Service (methodology and plan of RCF work)
 - Head of their University Department/Centre (organisational buy in)

2.1.3 Responsive Calls

These are researcher led applications. There are two types of RCF award within this category of spend, which have the same review process but different limits and expected outcomes.

Type 1 is for when the applicant knows the area they want to investigate, but does not know the specific question that is the most appropriate to investigate. The awardee received £3000 to initiate co-design by meeting stakeholders and deciding on the most appropriate research questions.

The intended outcome is a Type 2 RCF application.

Type 2 are for when the applicant knows the exact research question to build a project around, and needs time to write a NIHR grant application. Type 2 awards can be for up to a year of people's time, and can include "pump priming" work which is necessary to complete prior to submission to the NIHR.

The intended outcome is a grant application to the NIHR with BNSSG CCG named as Host.

2.1.4 Themed Calls (open to Type 1 & Type 2 applications)

We propose to use CCG priorities to inform the Theme calls for 2021/22, specifically *increasing understanding of, and addressing inequity in health*. The final wording will be agreed by the Clinical Effectiveness Senior Team.

2.1.5 Commissioned Calls (open to Type 2 applications only)

We plan to publish Commissioned questions in January 2022. We need to undertake a process to identify and refine the question(s) so that we can be confident that the questions are the ones the system want answered.

The proposed method will be to provide a list of questions from the Research Pipeline to the Clinical Effectiveness Senior Team. The Clinical Effectiveness Senior Team will choose any question(s) from the list, or have the ability to create their own, that they want the Research Team to proactively seek support answering. We aim to do this in Autumn, as the potential questions on the Pipeline need to go through some process to ensure they are appropriate for consideration. The Research Team will undertake the process during Spring and Summer.

The Research Pipeline is a list of questions submitted by anyone working in health to the research team. The questions provided to the Clinical Effectiveness Senior Team will have been through the appropriate checks to ensure there isn't substantial evidence in existence & there aren't local research groups, such as the ARC, BRC or HPRU, already working on this topic, and there aren't ongoing NIHR projects funded to address the question already.

2.1.6 Service led applications (open to Type 1 and Type 2 applications)

We aim to increase the number of colleagues working in the health services in research, and see Open Call RCF as the prime way to support this. The Research Team support all applicants to undertake genuine co-design of projects and we encourage "service led" applications – i.e. ideas which have been generated by colleagues working in health services rather than academia. It is acknowledged that these ideas may be several steps behind academically led projects (e.g. because their formation may not have as much collated evidence) and we expect these to be higher in cost.

2.1.7 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement,
- The aims of the CCG and Healthier Together,
- Drive the pan-Bristol Knowledge Mobilisation approach,
- Maintain the RCF virtuous circle

Category 2: Career Development posts = £240,000

These awards are made to give a person the chance to become an independent researcher in a particular topic area.

2.2.1 Committed funds

| Post | University | Funding |
|---|------------|-----------------|
| Senior Research Associate/Research Fellow to build the primary mental health care research in CAMH/CAPC and PHS | Bristol | £58,076 |
| Public Health Consultant Senior Lecturer | Bristol | £23,401 |
| Emergency Care Senior Research Fellow | UWE | £71,906 |
| Total committed funding | | £153,383 |

This leaves £86,617 to allocate in 2021/22.

2.2.2 The Split between organisations

The split on last year's spend was University of Bristol = 74% and UWE = 26%. We will aim to replicate that ratio, but have to use the ideas as provided and the committed funds are already set as above.

2.2.3 Timing

31st March = The Universities asked to send their prioritised lists for 2020/21

9th April = The options for spend of this category will be presented to the Medical Director

23rd April = the CCG suggestion of spend shared with the Universities

30th April = University acceptance or start of ongoing negotiation.

2.2.4 Governance

The Universities undertake their own internal prioritisation process.

The Research Innovation and Contracts Manager suggests and recommends options for using the available budget to maximise the number of prioritised ideas whilst reflecting the relative contributions of the Universities to the RCF award. This may include combining with the available budget from the Departmental Development Category.

The options are considered and one option will be approved by the CCG's Medical Director. Each University will have its own process for agreement before finalisation.

Each appointment completes internal due process within each University to ensure fair and equitable opportunity for potential applicants.

2.2.5 Outcome measure of success

Created on a case-by-case basis with the Head of Department, Line Manager and Research Innovation and Contracts Manager.

2.2.6 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement
- Reflect the relative contributions of the University Partnerships contributing to the generation of the RCF
- Drive the pan-Bristol Knowledge Mobilisation approach

Category 3: Departmental Development posts = £240,000

These awards are made to provide much-needed skills within a department, someone who will be able to work on lots of projects over a wide-range of topic areas.

2.3.1 Committed funds

| Post | University | Funding |
|---|------------|-----------------|
| Emergency Care Research (REACH) Coordinator | UWE | £10,000 |
| Prof of Knowledge Mobilisation and Musculoskeletal Health | UWE | £20,037 |
| Senior Research Fellow in Realist Evaluation | UWE | £7,129 |
| Primary Care Statistician | Bristol | £62,274 |
| Bristol Health Partners Academic Health Science Centre Membership | Bristol | £60,000 |
| Total committed funding | | £159,440 |

This leaves £80,560 to allocate in 2021/22.

2.3.2 The split between organisations

The split on last year's spend was University of Bristol = 29% and UWE = 71%. We will aim to reverse that ratio, but have to use the ideas as provided, and the committed funds are already set as above.

2.3.3 Timing

31st March = The Universities asked to send their prioritised lists for 2020/21

9th April = The options for spend of this category will be presented to the Medical Director

23rd April = the CCG suggestion of spend shared with the Universities

30th April = University acceptance or start of ongoing negotiation.

2.3.4 Governance

The Universities undertake their own internal prioritisation process.

The Research Innovation and Contracts Manager suggests and recommends options for using the available budget to maximise the number of prioritised ideas whilst reflecting the relative contributions of the Universities to the RCF award. This may include combining with the available budget from the Career Development Category.

The options are considered and one option will be approved by the CCG's Medical Director. Each University will have its own process for agreement before finalisation.

Each appointment completes internal due process within each University to ensure fair and equitable opportunity for potential applicants.

2.3.5 Outcome measure of success

Created on a case-by-case basis with the Head of Department, Line Manager and Research Innovation and Contracts Manager.

2.3.6 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement
- Reflect the relative contributions of the University Partnerships contributing to the generation of the RCF
- Drive the pan-Bristol Knowledge Mobilisation approach

Category 4: Launching Fellowship = £80,000

These awards provide 18 months full-time, or a longer duration at a pro-rata rate, for an exceptional early career researcher who has recently completed their PhD.

2.4.1 Timing

June = The funding opportunity will be advertised across UWE and University of Bristol

July = Advert closing date in late July

August = Shortlisting

September = Interviews

2.4.2 Governance

This award is processed like a job opportunity, with an application, followed by shortlisting, and then interview in which the applicant makes a 10 minute presentation on their work and plans for the Launching Fellowship.

The interview panel consists of at least three members representing both Universities, the CCG and the Research Design Service. We do not finalise the interview panel until the shortlisting is complete so that we can ensure that there are no conflicts of interest on the interview panel (e.g. one interview panel member being the proposed Supervisor of the applicant).

2.4.3 Outcome measure of success

The awardee securing subsequent funding in the form of a post-doc fellowship award and/or a research grant for their work.

Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement
- Drive the pan-Bristol Knowledge Mobilisation approach
- Maintain the RCF virtuous circle

Category 5: Researcher in Residence = £40,000

These awards are for researchers to gain experience working within the health & care system, bringing their skills to health care planning.

2.5.1 The Opportunities

This year we propose “short-sharp” opportunities which are expected to cost between £8,000-£15,000. Specific projects that the CCG/ICS work would benefit from academic skills will be advertised, and applicants will explain how their skills will contribute to the work, and provide a timetable and costing of their plan to achieve the project.

The list of projects will come through the Population Health Management (including Business Intelligence Modelling and Analytics) and the Clinical Effectiveness Team.

We intend to publish the projects on the CCG website, and promote these opportunities via our established networks at Bristol Health Partners, UWE and the University of Bristol.

The first list we have comes from Population Health Management:

- 2.5.1.1 Modelling mass vaccination centre operations in order to safely increase throughput.
- 2.5.1.2 Projecting Covid-19 cases using time-series and epidemiological models.
- 2.5.1.3 Segmenting the population using decision tree and clustering methods.
- 2.5.1.4 Quantifying the extent of ‘long covid’ on post-illness activity utilisation in the longer term.
- 2.5.1.5 Simulating patient flow on complex discharge pathways between health and care services.
- 2.5.1.6 Determining early indicators for severe system pressures using non-parametric methods.
- 2.5.1.7 Forecasting speciality-level waiting list and waiting times for elective treatments.
- 2.5.1.8 Modelling the value of intensive care triage during periods of intense demand.
- 2.5.1.9 Health Economist focused on Value Programme Strategic Finance Committee. Identifying projects and including how to evaluate value at the level of an ICS.

2.5.2 Timing

6 monthly (budget dependent)

April & October = Advisory Group review the potential opportunities

May & November = Advertise

June & December = Shortlist

July & January = Interview

2.5.3 Governance

The applications will be shortlisted and interviewed by the Research Innovation and Contracts Manager and the relevant Project Lead, for the above, Richard Wood, Head of Modelling and Analytics.

2.5.4 Outcome measure of success

1. The project is completed
2. The Researcher reports an increase in:
 - Knowledge of how evidence is used within the Health & Care system
 - Their network of non-academic colleagues
 - Further collaborative projects created or planned

2.5.5 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement,
- The aims of the CCG and Healthier Together,
- Drive the pan-Bristol Knowledge Mobilisation approach,

Category 6: Management Fellows = £40,000

These awards are for CCG staff looking to enhance their evidence related skills and academic networks.

2.6.1 The Opportunities

There are two distinct opportunities we propose for this year:

2.6.1.1. System Clinical Leadership Fellowship – 2 sessions a week for a Clinician to work in the CCG/ICS Value Programme, and based within the Clinical Effectiveness and Research Team.

Role would include:

- Leadership post for early-career clinicians wanting to develop in the field of strategic commissioning and population health
- Bringing some form of specialist skill, e.g. data analysis, research, quality improvement (QI)
- Core mission to contribute to the development of our Value Based Health and Care approach, with emphasis on Knowledge Mobilisation and creation collaborations to benefit both ICS and academic work, and ultimately benefit the population.
- Aligned to Population Health Management (PHM)
- Working on a central function, e.g. PHM, QI,
- Supporting specific programmes and projects, e.g. community mental health, integrated care partnerships as required
- Mentorship from an experienced clinical lead

2.6.1.2. University Partnership Training – modelled on our successful Evidence Assistant post, this would be for CCG/ICS staff who would be provided with ring-fenced time for long-term training, as well as an enhanced training budget. The key is to develop skills which will be immediately applicable to ongoing CCG/ICS work (e.g. evaluation). The recipients would also be encouraged to become active members of local research groups (e.g. CAPC or CHCR) to contribute to Knowledge Mobilisation.

2.6.2 Timing

For 2.6.1.1 we would plan to advertise in May, shortlist in June, and interview in July.

For 2.6.1.2 we would plan for this to be an opportunity every other year. The costs are anticipated to be roughly £10,000-£15,000 per year. Offering this every other year we would expect to have up to two recipients at any one time. We will aim to advertise in September to align with the University Partner opportunities available TBC.

2.6.3 Governance

2.6.1.1 This will be processed as a job opportunity through NHS jobs. Interview panel will include Clinical Lead for Clinical Effectiveness and Research, an Academic involved in Population Health Management and/or Value, and a lay/PPI member.

2.6.1.2 These awards will be made after being processed like a job opportunity (application, shortlisting and interview) but will be awards to existing staff, rather than a new job. The panel will be made up of a member of the Research Team, Prof of Knowledge Mobilisation and Musculoskeletal Health as well as a representative from the relevant University Department.

2.6.4 Outcome measure of success

For 2.6.1.1

- Significant impact on the Value Programme at the level of the ICS, as defined by the Value Steering Group
- Development of the post-holder, so they have adequate experience to apply for a full Clinical Leadership role.
- Facilitating the development of co-designed projects between Population Health Management and academia.

Training qualification awarded

The award-holder reports an increase in:

- Knowledge and use of academic skills
- Their network of academic colleagues
- Further collaborative projects created or planned

2.6.5 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement,
- The aims of the CCG and Healthier Together
- Drive the pan-Bristol Knowledge Mobilisation approach,

Category 7: Research Support and Hosting = £265,000

These posts support the research projects, researchers, and health care staff working with researchers. We have a “joint office” approach, working in partnership with the Universities, and offering our services to our three local authorities and community provider.

2.7.1 Posts and costs

| Post | Cost | Organisations |
|--|---------|---|
| Clinical Lead for Clinical Effectiveness and Research | TBC* | BNSSG CCG |
| Research Innovation and Contracts Manager | £65,000 | BNSSG CCG |
| Research Contracts Manager (50%) | £30,000 | 50:50 BNSSG CCG & University of Bristol |
| Senior Research Fellow (50%) | £30,000 | 50:50 BNSSG CCG & UWE |
| Research Enterprise Development Sponsorship contribution | £30,000 | University of Bristol |
| Bristol Trials Centre contribution | £18,000 | University of Bristol |
| Research Finance Officer | £47,000 | BNSSG CCG |
| Assistant Finance and Contracts Business Partner (paid upfront in 2020/21) | £0 | BNSSG CCG & University of Bristol |
| Clinical Effectiveness Support | £15,000 | BNSSG CCG |
| Research Finance Support | £30,000 | BNSSG CCG |

*contribution to salary made from any unspent RCF due to unplanned variances identified in the final finance review of the financial year. These come from variations in NI contributions, expenses, pension contributions etc and are unpredictable.

2.7.2 Governance

Each post was scrutinised in the restructure of the Clinical Effectiveness & Research Team.

New posts would be created after review of a business by the Medical Director and Head of Clinical Effectiveness & Research.

All appointments made using NHS recruitment process in conjunction with HR.

2.7.3 Outcome measure of success

- Feedback from users of our services (annual survey has been developed and will be launched in each April) including Chief Investigators, ICS colleagues, and RCF recipients.
- The Organisation’s ranking amongst like-organisations on Research Capability Funding nationally.
- The size of the grant portfolio

2.7.4 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement
- The aims of the CCG and Healthier Together,
- Reflect the relative contributions of the University Partnerships contributing to the generation of the RCF
- Drive the pan-Bristol Knowledge Mobilisation approach
- Maintain the RCF virtuous circle

Category 8: Bridging = £10,000

Bridging funds are awarded to fill gaps in NIHR faculty members funding.

2.8.1 Timing

Applications can be submitted anytime and will be reviewed within a month

2.8.2 Governance

The Research Innovation and Contracts Manager and the Research Finance Officer review the applications to make sure the recipient is eligible, and that the future funding is secured.

2.8.3 Outcome measure of success

Retaining staff beyond the bridging funds.

2.8.4 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement

Category 9: Maternity/sickness/backfill = £10,000

These awards help research teams manage when staff are not available.

2.9.1 Timing

Applications can be submitted anytime and will be reviewed within a month

2.9.2 Governance

The Research Innovation and Contracts Manager and the Research Finance Officer review the applications to make sure the recipient is eligible.

2.9.3 Outcome measure of success

Research projects completing as planned

2.9.4 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF

Category 10: Extensions to existing awards = £20,000

Extensions to already awarded RCF

2.10.1 Timing

Applications can be submitted anytime and will be reviewed within a month

2.10.2 Governance

The Research Innovation and Contracts Manager and the Research Finance Officer review the applications to make sure the recipient is eligible, and that the reason for the extension is well justified.

Where the justification is unclear, the decision will be escalated to the Head of Clinical Effectiveness and Research, and/or the Clinical Lead for Clinical Effectiveness and Research and/or the Medical Director.

Extensions will be limited to 100% of the original value of the award. Separate applications would need to be made for further funding.

2.10.3 Outcome measure of success

The original aims of the RCF award achieved

2.10.4 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement
- Maintain the RCF virtuous circle

Category 11: Senior Investigator Awards = £150,000

The NIHR Senior Investigators are awarded £75,000 each. We pass the full budget to them to choose how it is used.

2.11.1 Timing

We seek the plans from the Senior Investigators in April, but allow them up until mid-March to finalise their spending choices.

2.11.2 Governance

The Research Innovation and Contracts Manager and the Research Finance Officer review the applications to make sure the use is eligible.

2.11.3 Outcome measure of success

N/A

2.11.4 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF
- The NIHR's mission statement,

Category 12: Contingency = £24,497

Most estimated costs are a few thousands of pounds out, and our experience is they are mostly rounded down. This contingency enables us to more easily manage each category without needing to impact on another.

2.12.1 Timing

The contingency will be used throughout the year as and when needed, until March. During March we will use any underspend on reducing the committed funds from 2022//23 on the longer-term

posts at the Universities, and contribute any remaining towards the salary costs of the Clinical Lead for Clinical Effectiveness and Research.

2.12.2 Governance

The Research Innovation and Contracts Manager and the Research Finance Officer review the applications to make sure the recipient is eligible.

2.12.3 Outcome measure of success

Able to use the contingency by the year-end so that we do not have any unspent funds to return to the DH&SC.

2.12.4 Factors influencing RCF spend this contributes towards

- The NIHR's aims for RCF

Section 3

How the 2021/22 RCF Spending Plan Categories meet the Factors influencing CCG RCF spend:

| Category | RCF aims | NIHR Mission | CCG>ICS Aims | Reflecting relative contribution | KM | Virtuous circle |
|-----------------------------------|-----------|--------------|--------------|----------------------------------|----------|-----------------|
| 1. Open Calls | X | X | X | | X | X |
| 2. Career Development posts | X | X | | X | X | |
| 3. Departmental Development posts | X | X | | X | X | |
| 4. Launching Fellowship | X | X | | | X | X |
| 5. Researcher in Residence | X | X | X | | X | |
| 6. Management Fellows | X | X | X | | X | |
| 7. Research support and Hosting | X | X | X | X | X | X |
| 8. Bridging funding | X | X | | | | |
| 9. Maternity/sickness/backfill | X | X | | | | |
| 10. Extensions to existing awards | X | X | | | | X |
| 11. Senior Investigator Awards | X | X | | | | |
| 12. Contingency | X | | | | | |
| Count | 12 | 11 | 4 | 3 | 7 | 4 |

All the Categories of spend (not including contingency) contribute to the NIHR stated aims of RCF and the NIHR's mission statement.

Knowledge Mobilisation is the next focus of our investments. This is because Knowledge Mobilisation is the way we believe long term benefits to the population will be achieved.

The virtuous circle is explicitly and directly related to 4 categories, but is indirectly related to the others. For example, the Departmental development posts should make the NIHR applications from our area more robust & viable, although the posts aren't explicitly charged with generating NIHR grant applications.

Categories 8-12 are essentially for the RCF aims of supporting infrastructure, and therefore they are responsive to needs, rather than planned to support strategic aims. Categories 1-7 are planned to support strategic aims, and the CCG>ICS aims are prominent in 4 categories.

We use 3 Categories to reflect the relative contribution of RCF generation. We do not intend to match the ratio of our investments to the ratio of generation, but do take positive action to reward activity fairly.

Section 4

Specific points of advice

4.1 Bristol Health Partners

We have included the CCG's Bristol Health Partners contribution in the Departmental Development budget. This is £60,000 per annum which is spent on academics working on System priorities, and they are deployed by BHP.

Does this seem the right way to deal with BNSSG CCG's BHP contribution?

4.2 Wider University of Bristol contributions to RCF

We want to open up the Departmental and Career Development opportunities to all those departments who are contributing to the generation of RCF. This coming year will be the first in which significant RCF is generated outside of Population Health Sciences within University of Bristol.

We could either seek separate lists of ideas from each of the different groups who contribute to RCF, and try to reflect the relative contributions in our spend of RCF, or we could try to obtain a single list from the University of Bristol, as we do from UWE.

There is a genuine question with regards where the line is drawn:

- the Researcher
- Research Group
- Research Centre
- Department/School
- Faculty
- University

Thoughts on this from the Group would be welcome.

4.3 Researcher in Residence

Are the project listed in 2.5.1 all appropriate and would you prioritise any one of these?