

Paper 2: 2023-24 Research Capability Funding Spending Plan

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Purpose

This paper sets out the Research Team's recommendation for the 2023-24 Research Capability Funding (RCF) Spending Plan.

The Spending Plan will be used to guide the day-to-day spending of the ICB's RCF by the Research Team. Significant deviations from the plan are possible and will require authorisation by the Chief Medical Officer.

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

- **Section 1** - The categories and draft budgets of the recommended RCF Spending Plan
- **Section 2** - The details of the timing, governance, outcomes and aim of each category within the Spending Plan.
- **Section 3** (page 23) - How the proposed RCF Spending Plan meets the Factors which are considered when the ICB spends RCF . [The Factors can be read here.](#)

Section 1

1.1 RCF Award

We have been awarded **£1,548,901** RCF by DH&SC to spend in 2023/24.

However, Table 2 below shows that we have received £1,927,854 in requests/expectations and so we are unable to meet all requests.

The Research Team have carefully considered all requests and options, using the overarching principles that guide our RCF spending and recommend the following.

1.2 Changes from 2022/23

We propose some amendments to the names and remits of the Spending Plan Categories since last year's RCF Spending Plan:

Previously named	Proposed name	Explanation of change
2. Career Development	2. University Career Development	To move the Academic Career Development Award to category 4, and to make it clear that this Category is entirely for our University Partners, rather than potential roles in the ICB or our health & care Partners (e.g. Sirona/GPs)
3. Departmental Development	3. University Departmental Development	To make it clear that this Category is entirely for our University Partners, rather than potential roles in the ICB or our health & care Partners (e.g. Sirona/GPs)
4. Launching Fellowships	4. Career Fellowships	Moving the Academic Career Development Award from Category 2. This is because it has the same governance and award process as the Launching Fellowships, which includes both Universities and the ICB.
6. Management Fellows	6. ICS Research and Evidence	Originally called "Management Fellows" due to a scheme we used to run, but no longer do so. This new name and remit will be for any funding in staff that work for the ICB, Sirona, GPs or Local Authorities (that are not part of the research hosting function of the Research Team)

We also propose to adjust the ratio aimed for from the combined spend of Categories 2 and 3 from 75:25 in favour of University of Bristol to 80:20 in favour of University of Bristol. This better reflects the relative contributions to generating RCF from NIHR grants held with each University.

1.3 The Recommended RCF Spending Plan

The table below shows:

- **Categories** recommended for our Spending Plan based on previous years and feedback from Partners and colleagues.
- **Committed funds.** This column shows funding that we have already allocated, most often for longer term posts that started in previous years.
- **Requested/Expected.** This column presents the requested amounts for Categories 2 and 3 and the expected volume of requests based on previous years for all other categories.
- **Combined.** This column shows the combined committed and expected requests.
- **Recommended.** This is the recommended Category budget presented by the Research Team. We have used our RCF guiding principles to try and provide a spending plan that meets all the committed spend and as many of the requests from our Partners as we can whilst maintaining each of the repeating funding opportunities that we aim to provide.

Category	Committed	Requested/Expected	Combined	Recommended
1. Open Calls	£4,990	circa £250k	£255,000	£195,000
2. University Career Development	£14,600	£269,511	£284,111	£156,000
3. University Departmental Development	£255,975	£136,944	£392,919	£378,000
4. Career Fellowships	£17,272	£140,000	£157,272	£155,000
5. Researchers in Residence	£36,000	TBC circa £15,000	£51,000	£45,000
6. ICS Research and Evidence	£39,023	£115,000	£154,023	£95,000
7. Hosting and Sponsorship	£356,684	£53,000	£409,684	£358,000
8. Bridging funding	£0	£3,000	£3,000	£3,000
9. Maternity/sickness/backfill	£0	£3,000	£3,000	£3,000
10. Extensions to existing awards	£5,000	£3,000	£8,000	£8,000
11. Senior Investigator Awards	£75,000	£0	£75,000	£75,000
12. Bristol Health Partners	£75,000	£12,000	£87,000	£75,000
13. Contingency				£2,901
TOTAL	£886,389	£1,041,455	£1,927,854	£1,548,901

More detail about each Category is shown below in Section 2 of this paper.

1.4 Points to note regarding the RCF Spending Plan

There are caveats and points worth noting with regards the recommended plan:

1. We would need to stipulate that many of the Category 2 and 3 awards could **start no earlier than October 1st**. Experience suggests this is a reasonable expectation of the earliest time that the new posts can be appointed to. But this stipulation would ensure we are able to pay the funding due this financial year.
2. The recommended Spending Plan would **commit £585,000** for the 2024/25 RCF spend. Our conservative estimate of RCF income for 2024/25 is £1.6M. We feel that £585,000 is a reasonable risk given that the RCF algorithm has been consistent for many years and we know of several new grants that should start to generate RCF later this year.
3. In funding these requests, it needs to be understood that it is **unlikely to be able to create new roles in the 2024/25 RCF Spending Plan**, as we will have to commit funding to these awards.
4. Open Calls often award >£250,000, and to accommodate the spending plan we would need to have a reduced budget this year of £195,000.

Section 2

The ICB'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 ICB 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 = £195,000

2.1.1 Committed funds

Award	University	Funding
Vikki Wylde RCF application from October 2022, extended collaboration with ICB Transformation and Insights teams to ensure alignment of work with system work	UoB	£4,990.22
Total committed funding		£4,990.22

2.1.2 Timing

Quarterly deadlines for review, although applications can be made at any time throughout the year. The review deadlines are mid-April, mid-July, mid-October, & mid-January.

Governance process

1. Screening checks

- Remit (Health + outside of Trusts + BNSSG connection)
- Originality (online databases of ongoing research checked for duplication)
- Finance (High or unexpected costs flagged to panel, and previous performance if applicant has previously received RCF)

2. RCF Panel. The panel assess whether the project is relevant to the health & care services and has a clear and well thought-through route to improving care. Membership:

- 2 x Clinical Lead within Research &/or PHM
- Head of Clinical Effectiveness & Research
- Research Manager
- 1 x Senior Programme Manager - Clinical Effectiveness
- Prof of Knowledge Mobilisation and Musculoskeletal Health

- 3. System buy-in.** Review by a relevant colleague leading on that area of work (e.g. Clinical Lead for Primary Care or Digital Transformation Manager). They have a veto on the application if the project would clash with their work/aims.

In order to increase relevancy of the work, buy-in and collaboration, the colleague will be asked to commit to at least an hour a month for themselves or their team, and/or invite the RCF recipient to their existing project meetings. We have found that committing resource gives a clearer indication of the work's relevance/usefulness, strengthens the quality and reduces wasted resources – where RCF recipients are spending a lot of time chasing system colleagues for input they are using a lot of their limited time on admin, and aren't able to deliver as rich and useful work for the system.

4. External appraisal:

- Patient and Public Involvement representative
- Bristol Health Partners
- Research Design Service (methodology and plan of RCF work – equates to peer review as required for University of Bristol sponsorship)
- 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 receives £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 ICB named as Host.

Following the Advisory Committee meeting in October 2021, Type Two RCF applications now have an expected budget limit to help guide applicants:

- Up to £15,000 for RfPB tier 1
- Up to £25,000 for other NIHR funders
- Double the above for *Service Led* applications (see 2.1.6 below)

Applicants can request more but will be asked to justify why their application requires more.

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

We propose to restart Commissioned and Themed calls, creating a mechanism for ideas to come from the frontline and our communities. This will be developed over the coming year, with an intention to advertise themes/commissioned questions in January 2024.

2.1.5 Commissioned Call (open to Type 2 applications only)

We plan to publish Commissioned questions in January 2024. 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 Chief Medical Officer of the ICB will have the final say on commissioned questions, which will be collated by the Clinical Lead for Research & Research Manager.

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, for example because their formation may not have as much collated evidence, and bringing academics in to lead on an area they are not already experts in.

Therefore, it is expected these to be higher in cost than academic led projects, and we allow up to double the .

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 ICB and Healthier Together,
- Drive the pan-Bristol Knowledge Mobilisation approach,
- Maintain the RCF virtuous circle

Category 2: University Career Development posts = £156,000

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

2.2.1 Committed funds

Post	University	Funding
Systematic Reviewer to support Prof Matthew Ridd	University of Bristol	£14,600
Total committed funding		£14,600

This would leave £141,400 for the new ideas requested, which were as follows:

Post	University	Priority	Total funding requested	Funding required in 2023/24	Recommended to fund this year
Continence Care	UWE	3	£60,000	£30,000	£0.00
Palliative and End of Life Care	UWE	4	£123,000	£30,750	£0.00
Emergency Care	UWE	5	£30,000	£30,000	£0.00
Perinatal Mental Health	UWE	6	£37,352	£37,352	£0.00
Career Development Fellow in primary care mental health research	Bristol	2	£82,398	£20,600	£20,600
Public Health Career Development SRA	Bristol	5	£97,746	£32,582	£32,582
GPs in the Deep End	Bristol	6	£88,227	£88,227	£88,227
Total			£518,723	£269,511	£141,409

Reasons for recommendation:

We are able to fund UWE's top 2 prioritised requests and still award University of Bristol's top 6. The Departmental posts are consistently higher priorities for our University Partners, and we have also increased our support for career development within Category 4.

2.2.2 The Split between organisations

Combined with Category 3, we aim to spend a ratio of 80:20 in favour of University of Bristol. The proposed Spending plan has a ratio of 81:19 in favour of University of Bristol.

2.2.3 Timing

31st March = The Universities asked to send their prioritised lists for 2023/24

20th April = Options appraised in Advisory Committee

2.2.4 Governance

The Universities undertake their own internal prioritisation process and forward their requests to the Research Team.

The Research Manager reviews requests 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 total RCF award. This may include combining with the available budget from the Departmental Development Category.

The options for spending this budget category are presented to the ICB's Chief Medical Officer for final decision with advice from the Advisory Group.

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 ICB Research 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 = £378,000

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
Prof of Knowledge Mobilisation and Musculoskeletal Health	UWE	£20,037
Health Economics	UWE	£79,011
BTC Senior Research Project Manager	Bristol	£35,529
Lecturer in Health Economics and Economic Evaluation	Bristol	£68,242
Senior Research Associate in Social Care (School for Policy Research)	Bristol	£53,155
Total committed funding		£255,975

This leaves £122,025 for the new ideas requested, which were as follows:

Post	University	Priority	Total funding requested	Funding required in 2023/24	Recommended to fund this year
Information Specialist	Bristol	1	£48,567	£36,491	£36,491
PPIE post(s) CAPC	Bristol	3	£50,000	£50,000	£50,000
Database Analyst	Bristol	4	£140,000	£35,000	£35,000
Knowledge mobilisation Officer	Bristol	7	£92,716	£15,453	£0.00
Total			£331,283	£136,944	£121,491

Reasons for recommendation:

We are able to fund UWE's top 2 prioritised requests and still award University of Bristol's top 6. The Departmental posts are consistently higher priorities for our University Partners, and we have also increased our support for career development within Category 4.

2.3.2 The Split between organisations

Combined with Category 3, we aim to spend a ratio of 80:20 in favour of University of Bristol. The proposed Spending plan has a ratio of 81:19 in favour of University of Bristol.

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2.3.4 Governance

The Universities undertake their own internal prioritisation process and forward their requests to the Research Team.

The Research Manager reviews requests 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 total RCF award. This may include combining with the available budget from the Departmental Development Category.

The options for spending this budget category are presented to the ICB's Chief Medical Officer for final decision with advice from the Advisory Group.

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 ICB Research 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: Career Fellowships = £155,000

There are two award types:

Launching Fellowships 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.

BNSSG ICB Career Development Award (name to change to the Chris Salisbury Career Award or similar TBC). Aimed at Senior Research Fellows, awards are for 50%FTE for 18 months duration. At 18 months we assess spend and extend the RCF duration up-to a maximum of 100% (18 months) in a direct correlation of how much funding is remaining, as shown in the table below:

Original Award	% RCF remaining at 18 months	Extension duration	Total Award duration
50%FTE for 18 months	100%	18 months	36 months
	75%	13.5 months	31.5 months
	50%	9 months	27 months
	25%	4.5 months	22.5 months
	0%	No extension	18 months

2.4.1 Committed Funds

Post	University	Funding
Launching Fellow in Primary Care Mental Health	Bristol	£17,272
Total Committed Funding		£17,272

2.4.2 Timing

Launching Fellowships

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

July = Advert closing date in late July

August = Shortlisting

September = Interviews

Career Development Awards

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

October = Advert closing date in late October

November = Shortlisting

December = Interviews

2.4.3 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 Fellowship.

The interview panel consists of at least three members representing both Universities and the ICB. 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).

2.4.4 Outcome measure of success

The awardee securing subsequent funding in the form of a 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 = £45,000

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

We have two models of Researcher in Residence. Short-term project support and longer-term posts.

2.5.1.1 Short-term project support:

This year's budget is ring-fenced for short-term Researcher in Resident projects. We have piloted a model of up to £5,000 per Researcher in Residence project. Examples of these projects include compiling health watch and multiple other information into a checklist and analysis of primary care websites to check compliance with communication directives, and analysis of survey results to inform ICB policy development.

However this model is being revised based on feedback and learning:

- Awardees commonly require 4-6 months to embed fully within an ICB team.
- ICB Teams get much more out of placements that they contribute funding in.
- Different researchers bring different skills, and the plan for work often needs to be co-designed rather than pre-set.
- The governance process as described in 2.5.3 below needs to be updated due to the restructure of the Medical Directorate.

2.5.1.2 Long term Researcher in Residence posts:

We have paid upfront to the current Researcher in Residence post, which is a collaboration with the University of Bristol's Biomedical Research Centre. Based within the ICB's Business Intelligence Team, the Researcher is specifically working with the System Wide Dataset and contributes to the ICB's delivery of Population Health Management.

2.5.2 Timing

We learnt that timing was critical for 2.5.1.1, and so the decisions need to be reactive, and timely. The Clinical Effectiveness and Research Senior Team meet on a weekly basis and will bring opportunities for 2.5.1.1 as and when identified.

2.5.1.2 needs no further funding. We will review longer term posts within our overall review of the Researcher in Residence model and bring recommended changes to the Advisory Group.

2.5.3 Governance

The decision making panel for 2.5.1.1 consists the Clinical Lead for Research (deciding vote), Head of Clinical Effectiveness and Research, Prof of Knowledge Mobilisation and Research Manager and one of the Senior Clinical Effectiveness Programme Managers
Decisions made as and when applications are received.

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 ICB and Healthier Together,
- Drive the pan-Bristol Knowledge Mobilisation approach,

Category 6: ICS Research and Evidence = £95,000

This new name and remit will be for any funding for staff that work for the ICB, Sirona, GPs or Local Authorities to increase evidence and research skills and delivery. These funds are not for the research hosting function (the Research Team).

2.6.1 The Opportunities

There are four opportunities this year, and we are not able to recommend all due to budgetary constraints:

Role	Organisation	Detail	Cost	Recommended spend
Clinical Lead for Analytics.	BNSSG ICB	An experienced clinician to work at the interface between clinical data and research. Aligned to the PHM work and research.	£39,023	£39,023 (committed during ICB restructure)
PHM Coordinator/Data Science Manager.	BNSSG ICB	Previously this role was recommended by the Advisory Group within the ICB Business Intelligence (BI) Team. Recruitment was not successful. During our restructuring, we have reassigned this role to be within the Medical Directorate, working closely with the Clinical Lead for Research, the Clinical Lead for Analytics, the BI team and Information Governance Lead, supported by the Research Team.	£55,000	£55,000
Evidence and Research Skills training	BNSSG ICB	Significant investment in talented ICB colleagues, e.g. University Short Courses and/or MSc	£20,000	£0.00
Research Support services	Sirona	Matched funding with Sirona to establish a research team to develop research capabilities within Sirona	£60,000	£0.00
Total			£174,023	£94,023

2.6.2 Committed Funds

£39,023 for the Clinical Lead for Analytics was committed during the ICB restructure in March 2023.

2.6.3 Governance

These awards will be made after being processed as a fixed term job opportunity (application, shortlisting and interview) with the panel consisting of ICB colleagues and relevant University Department where appropriate.

Any training awards will be managed by the ICB's People Directorate and/or the relevant ICB group managing staff training opportunities.

2.6.4 Outcome measure of success

- Job objectives will be managed within ICB Job description and Line Manager Personal Development Reviews.

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 ICB and Healthier Together
- Drive the pan-Bristol Knowledge Mobilisation approach,

Category 7: Research Support and Hosting = £358,000

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 as well as GPs and the ICB.

Our explicit aim is to increase the Research Team personnel if the virtuous circle scheme (RCF aims) is successful and our portfolio of NIHR and RCF projects increases.

All of our benefits from RCF rely on academics choosing to host their NIHR applications with us, and we must deliver a service that meets their needs, our contractual and statutory obligations, and as responsible guardians of public money, ensure these funds are used to maximise value by reducing waste, sharing learning and facilitating collaborations for mutual benefits.

2.7.1 Posts and costs

Post	Organisations	Cost	Recommended Spend
Clinical Lead for Research	BNSSG ICB	£48,000	£48,000
Research Manager	BNSSG ICB	£74,000	£74,000
Research Portfolio Manager	BNSSG ICB	£55,000	£55,000
Research Contracts Manager (50%)	50:50 BNSSG ICB & University of Bristol	£34,000	£34,000
Senior Research Fellow (50%)	50:50 BNSSG ICB & UWE	£25,000	£25,000
Research Portfolio Officer	BNSSG ICB	£53,000	£53,000
Research Enterprise Development Sponsorship contribution	University of Bristol	£33,000	£0.00
Assistant Finance and Contracts Business Partner (paid upfront in 2020/21)	BNSSG ICB & University of Bristol	£20,000	£0.00
Research Portfolio Support	BNSSG ICB	£35,000	£35,000
Research Finance Support	BNSSG ICB	£34,000	£34,000
Total		£411,000	£358,000

Reason for recommendation

We have consistently received notification of underspends of previous awards at the University of Bristol and propose that to maximise our RCF spend this year, these underspends are reallocated

to the University of Bristol Sponsorship and Finance posts. We will also use any underspends from this year's RCF Spending Plan to Categories if able and if needed.

2.7.2 Governance

New posts would be created after review of a business case by the Chief Medical Officer.

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 ICB 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 = £3,000

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 Manager and the Research Portfolio Manager 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 = £3,000

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 Manager and the Research Portfolio Manager 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 = £8,000

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 Manager and the Research Portfolio Manager 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 Associate Medical Director (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 = £75,000

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 Manager and the Research Portfolio Manager 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 = £3,901

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 2023//24 on the longer-term posts at the Universities, and may contribute any remaining funds towards the salary costs of the Associate Medical Director (Clinical Effectiveness and Research).

2.12.2 Governance

The Research Manager and the Research Portfolio Manager 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

The table below shows how the 2023/24 RCF Spending Plan Categories meet the Factors influencing ICB RCF spend, as described in the [RCF Briefing Paper 02/12/2020](#):

Category	RCF aims	NIHR Mission	ICB/ICB Aims	Reflecting relative contribution	KM	Virtuous circle
1. Open Calls	X	X	X		X	X
2. University Career Development posts	X	X		X	X	
3. University Departmental Development posts	X	X		X	X	
4. Career Fellowships	X	X	X		X	X
5. Researcher in Residence	X	X	X		X	
6. ICS Research and Evidence	X	X	X		X	
7. Research support and Hosting	X	X	X	X	X	X
Count	7	7	5	3	7	3

Categories 1-7 are planned to support strategic aims and shown in the table above.

Categories 8-12 exist to meet the requirement of RCF in supporting infrastructure, but they are responsive to emerging needs rather than planned to support local strategic aims, and therefore not shown on the table above.

Supporting the ICB aims are an explicit factor in decision making with regards 5 of the RCF budget Categories, and we work collaboratively to ensure that the spending in the Categories 2 and 3 are *aligned* to ICB priorities.

All the Categories of spend (not including contingency) contribute to the NIHR stated aims of RCF, the NIHR's mission statement and Knowledge Mobilisation. This is because Knowledge Mobilisation is the way we create long term benefits to the population.

The virtuous circle is explicitly and directly related to 3 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.

We use 3 Categories to reflect the relative contribution of RCF generation from each University. We do not intend to match the ratio of our investments to the ratio of generation, but do take positive action to reward RCF generating activity fairly, as detailed in Section 2 above.