

# Paper 2: 2022-23 Research Capability Funding Spending Plan

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## Purpose

This paper sets out the Research Team's recommendation for the 2022-23 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** (page 2) - The categories and draft budgets of the proposed RCF Spending Plan
- **Section 2** (page 4) - The details of the timing, governance, outcomes and aim of each category within the Spending Plan.
- **Section 3** (page 21) - How the proposed RCF Spending Plan meets the Factors which are considered when the CCG spends RCF (as advised 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

In 2022 the CCG was awarded £1,664,146 in Research Capability Funding.

Category	% of RCF budget	Budget (£)	Rationale
1. Open Calls (includes the Responsive Call, Themed Call & Commissioned Calls)	15%	£250,000	Traditionally the Open calls have awarded 11 applications per annum, using 13% of the total RCF spend. In 2021-22 we spent £359,463.21 on 16 awards. We hope to increase the richness of our collaborations, and to maintain, rather than continue to grow our portfolio. Therefore, we propose to invest in fewer development projects than last year.
2. Career Development posts  (depending on the prioritised lists from the Universities, we might pool this budget with Departmental Development budget)	17%	£275,000	We propose an increase of 22% on this University led category as compared to 2021-22 (£225,000).  By pooling this budget with the Departmental Development budget we will be able to fund all of our University Partner priority posts.
3. Departmental Development posts  (depending on the prioritised lists from the Universities, we might pool this budget with Career Development budget)	17%	£275,000	We propose an increase of 22% on this University led category as compared to 2021-22 (£225,000).  By pooling this budget with the Career Development budget we will be able to fund all of our University Partner priority posts.
4. Launching Fellowship	5%	£88,000	This is a set amount of resource, 18 months full time funding. The costs will depend upon the salary and start date of the awardee(s). 10% increase from 2021/22 to meet existing commitments.
5. Researcher in Residence	4%	£60,000	An increase of 50% from 2021-22. We have a commitment to the existing Population Health Management role, which is 50:50 with the BRC, and we propose investing in applied collaborations through the “short-sharp” awards as proposed in Oct 21.

6. Management Fellows	3%	£54,000	We have two commitments for this budget, and we propose to fund both.
7. Research support and Hosting	21%	£345,000	In 2021/22 we allocated 19% of the RCF budget for this category. We propose increasing the spend to 21% this year due to the significantly increased portfolio and workload for the Research Team. This is described in detail in Section 4.
8. Bridging funding	<1%	£10,000	Same as 2021-22 and based on previous experience
9. Maternity/sickness/backfill	<1%	£10,000	Same as 2021-22 and based on previous experience
10. Extensions to existing awards	1%	£20,000	Same as 2021-22 and based on previous experience
11. Senior Investigator Awards	10%	£150,000	Each of our two Senior Investigator Awardees (Prof Alastair Hay & Prof Lucy Yardley) receive £75,000 in RCF. We propose that this full amount is used at the Senior Investigators discretion (i.e. no top-slice).
12. Bristol Health Partners Academic Health Science Centre Membership	4%	£60,000	The CCG's contribution to cross-organisational research collaborations, supporting the Health Integration Teams
13. Contingency	1%	£16,164	The official costings are often a few thousand above <i>estimated</i> costs. The contingency allows for this variance, and for balancing categories which overspend.
Unallocated	3%	£51,000	See Section 4 of this paper for details
<b>Total</b>	<b>100%</b>	<b>1,664,146</b>	

## 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 = £250,000

#### 2.1.1 Committed funds

There are no committed funds from 2021/22 in this category.

#### 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 (2023).

#### 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. 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 Clinical Effectiveness &/or PHM
- Head of Clinical Effectiveness & Research
- Research Manager
- 1 x Senior Programme Manager - Clinical Effectiveness
- Prof of Knowledge Mobilisation and Musculoskeletal Health
- Chief Medical Officer

##### 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 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.

Following the AS 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 use CCG priorities to inform the Theme calls for 2022/23, specifically *increasing understanding of, and addressing inequity in health*. The final wording will be agreed by the Chief Medical Officer.

### 2.1.5 Commissioned Call (open to Type 2 applications only)

We plan to publish Commissioned questions in January 2023. 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 Effectiveness & Research Senior Team.

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

## Category 2: Career Development posts = £275,000

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
Emergency Care Senior Research Fellow	UWE	£74,244.28
<b>Total committed funding</b>		<b>£74,244.28</b>

This leaves £200,755.72 to allocate in 2022/23.

### 2.2.2 The Split between organisations

The split on last year's spend was University of Bristol = 53% and UWE = 47%. The combined Career Development and Departmental Development was University of Bristol = 76% and UWE 24% (we aimed for 75% to 25%). 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

31<sup>st</sup> March = The Universities asked to send their prioritised lists for 2022/23

25<sup>th</sup> May = 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 CCG's Medical Director for final decision.

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 = £275,000

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	£8,593.32
<b>Total committed funding</b>		<b>£38,630.32</b>

This leaves £236,369.68 to allocate in 2022/23.

### 2.3.2 The split between organisations

The split on last year's spend was University of Bristol = 90% and UWE = 10%. The combined Career Development and Departmental Development was University of Bristol = 76% and UWE 24% (we aimed for 75% to 25%). We will aim to replicate that ratio, but have to use the ideas as provided and the committed funds are already set as above.

### 2.3.3 Timing

31<sup>st</sup> March = The Universities asked to send their prioritised lists for 2022/23

25<sup>th</sup> May = Options appraised in Advisory Committee

### 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 CCG's Medical Director for final decision.

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 = £88,000

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 Committed Funds

Post	University	Funding
Launching Fellow in Primary Care Mental Health	Bristol	£33,519
Launching Fellow in Early Cancer Detection	Bristol	£53,680
<b>Total Committed Funding</b>		<b>£87,199</b>

In 2021/22 the Interview Panel requested to fund two outstanding candidates, who both wanted to take on the Launching Fellowship part-time, and were starting half-way through the financial year. This provided an underspend of £15,724.46 in 2021/22, which was used to meet some of the overspend on Category 1, the Open Call.

### 2.4.2 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

### 2.4.3 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 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).

### 2.4.4 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 = £60,000

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:

£20,000 of this budget is ring-fenced for short-term Researcher in Resident projects, with a budget 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 CCG policy development.

#### 2.5.1.2 Long term Researcher in Residence posts:

We have a commitment to the current Researcher in Residence post, which is a collaboration with the University of Bristol's Biomedical Research Centre. Based within the CCG's Business Intelligence Team, the Researcher is specifically working with the System Wide Dataset and contributes to the CCG'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 is an ongoing commitment. If the funds become available (e.g. the post-holder resigns) we will review how best to redistribute the funds, which may involve recruiting a replacement post-holder. The funding beyond 2023 will be reviewed as part of the decision making in 2023/24.

### 2.5.3 Governance

The decision making panel for 2.5.1.1 consists the Associate Medical Director (deciding vote), Head of Clinical Effectiveness and Research, Prof of Knowledge Mobilisation and Research Manager and one of the Clinical Effectiveness Decisions made as and when opportunities arise.

### 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 = £54,000

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 and work within the Clinical Effectiveness and Research Team. Tasks would include:

- Appraising evidence
- Championing evidence use
- Championing Value Based Health and Care
- Training colleagues and increasing knowledge/skills across the CCG/ICS colleagues
- Participating in research projects as the CCG representative
- Contributing to Population Health Management work

2.6.1.2. University Partnership Training – modelled on our successful Evidence Assistant post, this would be for CCG/ICB 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/ICB 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 Committed Funds

#### 2.6.3 Governance

2.6.1 These awards will be made after being processed like a job opportunity (application, shortlisting and interview) with the panel made up of the Associate Medical Director and Prof of Knowledge Mobilisation and Musculoskeletal Health and a representative from the relevant University Department.

2.6.2 From henceforth, these opportunities will be offered by, and applications administered by the CCG/ICB Training Committee.

#### 2.6.4 Outcome measure of success

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 = £345,000

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.

Our explicit aim is to increase the Research Team 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	Cost	Organisations
Research Manager	£69,000	BNSSG CCG
Research Portfolio Manager	£53,000	BNSSG CCG
Research Contracts Manager (50%)	£33,000	50:50 BNSSG CCG & University of Bristol
Senior Research Fellow (50%)	£30,000	50:50 BNSSG CCG & UWE
Research Enterprise Development Sponsorship contribution	£31,000	University of Bristol
Research Portfolio Officer*	£58,000	BNSSG CCG
Assistant Finance and Contracts Business Partner (paid upfront in 2020/21)	£0	BNSSG CCG & University of Bristol
Research Portfolio Support*	£40,000	BNSSG CCG
Research Finance Support	£31,000	BNSSG CCG

\* New post approved by the Medical Director for 2022/23 to manage the increased portfolio of hosted projects.

### 2.7.2 Governance

New posts would be created after review of a business case 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 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 = £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 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 = £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 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 = £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 = £16,000

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

How the 2022/23 RCF Spending Plan Categories meet the Factors influencing CCG RCF spend, as described in the RCF Briefing Paper 02/12/2020:

Category	RCF aims	NIHR Mission	CCG/ICB 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
<b>Count</b>	<b>7</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>7</b>	<b>3</b>

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 CCG/ICB aims are an explicit factor in decision making with regards 4 of the RCF budget Categories, but we ensure that the spending in the other 3 categories (2, 3 & 4) will be *aligned* to CCG/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.

## Section 4

### Unallocated funds

We have £160,148.28 as yet unallocated funds available, and several options for use. The unallocated funds are from the following sources:

- £107,073.51 unrequested from the combined Career and Departmental Development (Categories 2 & 3)
- Our award was £51,125.43 larger than we had anticipated
- £1,949.34 rounding errors from estimated to actual costs

Below are several potential uses that we feel are worthy of investment, and whilst we are able to do several we are not able to fund all of these. The options are:

#### 4.1.1 Additional budget for the Launching Fellowship

Increasing the budget for Category 4. Launching Fellowships

#### 4.1.2 What would it achieve

This would contribute to the following Factors influencing RCF spending decisions:

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

We have committed funds from 2021/22, and within the usual budget would not be able to run the scheme for new applicants this year.

We have a published ambition to run these calls each year. However, we do have 3 current Launching Fellows, 1 awarded 2020/21 to UWE, and 2 part-time awarded 2021/22 to the University of Bristol.

#### 4.1.3 Cost

£25,000-£80,000.

By the time of appointment within-year costs would be circa £25,000. The award would be up to £80,000. Any reduced amount paid this year would commit that same amount from next year's budget.

#### 4.2.1 Mid-Career Award

As presented at the October Advisory Committee, Paul Roy took an action to explore the feasibility and ethics of an award for mid-career academics that would support their career progression in an area of work that support the ICB's work.

The idea would be to replicate the Launching Fellowship opportunity and process, but for more experienced candidates. This would involve a competitive application process open to UWE and University of Bristol colleagues. Applicants would need to demonstrate organisational support in their application e.g. by way of Vice-Chancellor Awards (UWE) or Department nomination for a permanent contract (University of Bristol).

Following conversations with academics, awards would be for 50%FTE for 18 months duration. Originally we proposed 50%FTE funding over a 36 month period, but feedback was overwhelmingly in favour of providing more awards at a lower duration, and that 50%FTE for 18 months was the minimum that would be of practical benefit to academics.

At the end of that duration, we would extend their RCF award duration up-to a maximum of 100% (18 months) in a direct correlation of how much funding they had remaining.

*Example 1: At 18 months, the awardee has 50% of their original funding award remaining. We extend the duration of the RCF period by 9 months (50%).*

*Example 2: At 18 months, the awardee has 25% of their original funding award remaining. We extend the duration of the RCF period by 4.5 months (25%).*

#### 4.2.2 What would it achieve

This would contribute to the following Factors influencing RCF spending decisions:

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

We have received feedback that our RCF awards do little to help mid-career academics, and that this is the type of funding that would help them most. It would enable them to dedicate time to activities that are not explicitly funded, but support career stability (applying for grants, writing papers etc).

There is a recognised national issue of insecurity of jobs in academic departments. Whilst this would not help to solve the larger issue, it would relieve the pressure on a few of our worthy colleagues, and make BNSSG a more attractive and supportive place for academics to make their career.

#### 4.2.3 Cost

£40,000-£80,000 Around £40,000 per award. Ideally 2 awards.

#### **4.3.1 PHM Coordinator.**

Proposed by an established collaboration delivering Population Health Management (including Dr Charlie Kenward, Prof Jonathan Sterne, Christopher Davies, Prof David Wynick, and Dr Philip Harfield).

There are multiple collaborations between academia and BNSSG System Programmes of work seeking to use the BNSSG System Wide Dataset, and/or other sources of health and care data. There is a developing process for governance and review of these data requests, and a need for a single coordinator of these requests and the process has been identified.

#### **4.3.2 What would it achieve**

This would contribute to the following Factors influencing RCF spending decisions:

- 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,

Currently we (the CCG) are failing to deliver on requests due in part to a lack of coordination of the many data requests, partly due to an unclear governance process, and we are at present, not making the best use of our data resource.

The RCF would pump-prime this role, with the plan for sustainable funding currently being developed through charges for data use within NIHR grant applications, and RCF planned to be used only for top-up/underwriting in future.

#### **4.3.3 Cost**

Up to £58,000 per annum (banding review depending). Minimum 2 year commitment required.



#### **4.4.1 Invite Career Development ideas from University of Bristol**

We allotted £275k for Category 2 Career Development and intended to spend roughly 75% of this (circa £200K) at the University of Bristol.

However, we received zero requests for these funds from University of Bristol, although we received more than the budget allotted for Departmental Development for University of Bristol with £255,807 requested of the £200K allotted.

We are aware of a *potential* additional request of £21K on the Departmental Development category from University of Bristol, but haven't received official notice of this.

A further point to note is that the requests from University of Bristol are exclusively from Population Health Sciences, but RCF is also generated from the School for Policy Studies.

#### **4.4.2 What would it achieve**

This would contribute to the following Factors influencing RCF spending decisions:

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

The direct request for Career Development funding may also help to raise awareness of this Category and this opportunity of RCF. Each year University of Bristol has requested that we lower Career development and use the underspend to increase Departmental Development, and this year it has been entirely overlooked in their spending plans.

We specifically made Career Development a separate category to encourage our partners to support the careers of colleagues, as these had been a long overlooked option for RCF requests, yet is explicitly within the NIHR aims, and we have received feedback that we could do more to support our academic colleagues career development.

#### **4.4.3 Cost**

Up to £107,073.51

#### **4.5.1 Commissioner-Academic**

There is clear career support infrastructure for clinical-academics, but there are not currently support to develop a split career in academia and health & care planning and/or commissioning.

This would be an investment in ring-fenced funding for a CCG/ICB colleague to have a day a week to develop an academic career, whilst retaining their role within the CCG/ICB. The options would be to undertake Masters modules and to build their C.V. to apply for PhD funding fellowship awards.

This would be open to clinical leads as well as non-clinical colleagues.

#### **4.5.2 What would it achieve**

This would contribute to the following Factors influencing RCF spending decisions:

- 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,

The recipient would develop expertise, and apply this directly throughout their health &/or care career, as well as influence their academic colleagues to increase applicability of research. With an intention of a long-term development, this would help the CCG/ICB retain skilled and ambitious staff, and develop leaders for the future.

#### **4.5.3 Cost**

Circa £18,000 per annum. Minimum 3 year commitment required.