

# Paper 2: 2024-25 Research Capability Funding Spending Plan

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## Purpose

This paper sets out the Research Team's recommendation for the 2024-25 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 not yet been informed of our 2024-25 RCF award. Our estimates based on previous years predicts our award will be between £1.5m and £1.7m. We have devised a plan for each of those scenarios.

We have £2,036,570 in requests and/or expectations of RCF opportunities. We therefore expect that we will be unable to meet all requests even if we receive the higher award.

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

### 1.2 The Recommended RCF Spending Plan

Category	Committed	Requested/ Expected	Combined	Recommended Budget	
1.1 Type 1 Responsive Call	£0	£30,000	£30,000	£27,000	£27,000
1.2 Type 2 Responsive Call	£0	£440,000	£440,000	£160,000	£180,000
1.3 Service Led Responsive Call	£0	£66,000	£66,000	£50,000	£60,000
1.4 Pipeline Awards	£0	£66,000	£66,000	£50,000	£60,000
2. University Career Development	£108,256	£0	£108,256	£108,256	£108,256
3. University Departmental Development	£325,683	£146,556	£472,239	£453,000	£453,000
4. Career Fellowships	£0	£160,000	£160,000	£0	£120,000
5. Researchers in Residence	£15,000	£30,000	£45,000	£0	£40,000
6. ICS Research and Evidence	£126,000	£0	£126,000	£126,000	£126,000
7. Hosting and Sponsorship	£400,000	£0	£400,000	£400,000	£400,000
8. Unpredictable needs	£3,792	£13,000	£16,792	£17,000	£17,000
9. Bristol Health Partners	£109,283	£0	£109,283	£109,283	£109,283
<b>TOTAL</b>				<b>£1,500,539</b>	<b>£1,700,539</b>

The table above 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 year for all other categories.
- **Combined.** This column shows the combined committed and expected requests.
- **Recommended budget.** This is the budget for each category recommended by the Research Team. We have used our RCF guiding principles to try and provide an overall Spending Plan that meets all of our pre-existing commitments, 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.

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

### 1.3 Changes from 2023-24

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

2023-24	Proposed 2024-25	Explanation of change
1. Responsive Call	1.1 Type 1 Responsive call	<p>There has been a considerable increase in number of applications for the Responsive scheme, and the introduction of Type1 awards has received very positive feedback.</p> <p>Managing Type 1 &amp; Type 2 awards as a single budget created competition between Type 1 and Type 2 applications. As these are very different projects, direct comparisons are not appropriate.</p> <p>Distinct budgets will enable the Research Team to manage the funds appropriately.</p>
	1.2 Type 2 Responsive call	<p>Separating Type 2 budget from Type and Service led budget will enable us to better manage these funds.</p> <p>We propose setting an single upper limit of £20k per award because the variable approach recently introduced proved to be confusing.</p>
	1.3 Service led responsive budget	<p>We propose changing from our current approach of doubling the RCF award for “<i>service led</i>” awards. This has proved to be expensive and limits our ability to support other strong applications.</p> <p>Instead, we propose to make an explicit budget to award extra funding to service led applications with an upper limit of £10k per</p>

		Service Led award, recognising that these projects do require more time/work to become a viable NIHR application.
	1.4 Pipeline Awards	<p>Introducing a new budget called Pipeline Awards.</p> <p>These awards will be made to health and care organisations that are members of the BNSSG GP Deep End practices or the BNSSG Research Engagement Network (REN), if they are collaborating on research development with academics from UWE or University of Bristol.</p> <p>These awards will help create equitable opportunity for disadvantaged groups to be involved in research development and help to ensure the research developed with BNSSG RCF is inclusive of those with the most need.</p>
4. Career Development Awards	4. Career Development Awards	<p>Following feedback that we could achieve the intended outcomes with a lower amount of investment, we propose changing from awarding a set %FTE and duration to a set amount of funding.</p> <p>Changing the Launching Fellowship awards from 100%FTE over an 18-month duration to £60,000 for as long a duration as those funds will stretch.</p> <p>This is likely to be a reduction in award amount as previous Launching Fellowships have received circa £80k.</p> <p>We propose changing the Academic Career Award (ACA) from an initial award of 50%FTE over an 18-month duration to £60,000 over an 18-month duration.</p> <p>We would continue the terms of the existing ACA scheme, with an extension to the duration if there are any funds remaining at 18 months.</p> <p>Previous ACA awards have ranged from £45k to £90k.</p>
8. Bridging Awards	8. Unpredictable needs	<p>Merge all unpredictable spends into one category called “Unpredictable needs” and manage as one budget category.</p> <p>This will be easier to report and manage than three separate categories, which have tended to be merged by year-end.</p>
9. Maternity/sickness/backfill		
10. Extensions to existing awards		
11 Senior Investigator Award	N/A	The Senior Investigator Award scheme has ended.

## 1.4 Points to note and advise on regarding the RCF Spending Plan

Below are points worth noting and/or seeking Advisory Group advice with regard the recommended RCF Spending Plan:

1. **To note:** In 2023/24 the spending plan recommended by the Advisory group introduced substantial financial commitments for this spending plan, as detailed above. This was done with the understanding that it would limit our ability to create new roles in the 2024-25 RCF Spending Plan.
2. **To advise:** Whether the Category budgets of the recommended Spending Plan that diverge from the requests/expectation totals are sensible ones to not meet or partially meet? Especially if the RCF award is near the lower estimate, it is useful to understand the Advisory Group's view on reducing the category budgets as proposed.
3. **To advise:** The recommended Spending Plan would **commit £589,506** for the 2025-26 RCF spend. Our conservative estimate of RCF income for 2025-26 is £1.6M. We feel that £589,506 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. A caveat to this is to reconsider if we learn of a change to the RCF algorithm used by DH&SC to distribute RCF.
4. **To advise:** The balance between regular Responsive call deadlines and a finite budget. Researchers express their need for regular opportunities for development funding. The responsive call has become increasingly popular, and applications are generally of a high quality. We have a finite budget and would seek advice on the best option to take in managing these funds:

Options	Advantages	Risks
a. Split the budget into 3 parts, and have an upper limit to spend per deadline	Predictable and regular funding calls	Rejecting applications that are good enough to fund, and eventually funding them on re-submission 4-8 months later.
b. Have the entire budget available with three opportunities to apply	Able to award strong applications as and when they are submitted	Using up our entire budget in June, meaning we cancel the October and/or January deadlines.

We seek the Advisory Group view on what would be best for our academic colleagues.

## Section 2

The ICB's RCF is spent strategically to contribute towards the following 6 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:

- The reason for the recommended budget
- the governance process,
- the timings of the process,
- the intended outcomes/measures of success, and
- which of the 6 Factors (listed above) the awards are intended to meet.

### Category 1.1: Type 1 Responsive Calls

#### Funding opportunity

Up to £3,000 to undertake early PPI and stakeholder engagement to understand the research needs within a topic of high importance.

#### Timing

Three deadlines for review per year. The review deadlines will be mid-June, mid-October, & mid-January.

#### Governance process

The process will be 3 steps:

##### Step 1 = remit check

The Research Team:

- assess whether the application proposes research (rather than service improvement/evaluation).
- assess the setting of the planned work, ensuring it is focused on primary care, community care, local authority, hospice, care home or integrated care system.
- search for existing literature and ongoing research funding that would make the work unlikely to secure NIHR funding.

As part of our commitment to the Research Engagement Network (REN) the Research Team also check the ICB's Insights Library to ensure any previous insights gathered from the BNSSG population that are relevant are considered in future RCF work.

## Step 2 = Scoring Assessment

Applications will be scored on 4 factors:

1. **Practitioner Review:** Assessment by relevant practitioners in the Integrated Care System, which may include: ICB Manager; GP; Nurse; PH Consultant; Manager in Adult or Children’s Social Care etc
2. **Strategic Alignment:** Alignment to the Integrated Care Partnership Strategy
3. **PPI:** Patient and Public Involvement assessment
4. **Health Inequalities:** Consideration of the potential impact on health inequalities

Applications are scored on each factor as below:

Score	Definition
6	Excellent
5	Good
4	Minor weaknesses/concerns
3	Moderate weaknesses/concerns
2	Significant weaknesses/concerns
1	Severe weaknesses/concerns

## Step 3 = Ranking

If an application receives received a score of 1 from any reviewer on any factor it is rejected.

All other applications have their scores for each factor combined to provide a total between 8 and 24.

If an application scores 16 or above it is considered fundable.

If there are more applications deemed fundable than available funding, the fundable applications are ranked by their total score.

If there are multiple applications with the same total score, they are separated by ranking on their individual factor scores, in the following order of priority:

1. Practitioner score
2. Health Inequality score
3. Strategic Priority score
4. PPI score

## Category 1.2: Type 2 Responsive Calls

### Funding opportunity

Up to £20,000 to write a grant application to the NIHR with the ICB named as host. Proposed work must include strong PPI.

Applications that are *service led* can apply for further funding. See 1Category 1.3 below for details.

## Timing

Three deadlines for review per year. The review deadlines will be mid-June, mid-October, & mid-January.

## Governance process

The process will be 3 steps:

### Step 1 = remit check

The Research Team:

- assess whether the application proposes research (rather than service improvement/evaluation).
- assess the setting of the planned work, ensuring it is focused on primary care, community care, local authority, hospice, care home or integrated care system.
- search for existing literature and ongoing research funding that would make the work unlikely to secure NIHR funding.

As part of our commitment to the Research Engagement Network (REN) the Research Team also check the ICB's Insights Library to ensure any previous insights gathered from the BNSSG population that are relevant are considered in future RCF work.

### Step 2 = Scoring Assessment

Applications will be scored on 5 factors:

1. **Practitioner Review:** Assessment by relevant practitioners in the Integrated Care System, which may include: ICB Manager; GP; Nurse; PH Consultant; Manager in Adult or Children's Social Care etc
2. **Strategic Alignment:** Alignment to the Integrated Care Partnership Strategy
3. **PPI:** Patient and Public Involvement assessment
4. **Health Inequalities:** Consideration of the potential impact on health inequalities
5. **NIHR Viability and credibility:** Assessed by experienced UWE, University of Bristol and ICB staff.

Applications are scored on each factor as below:

Score	Definition
6	Excellent
5	Good
4	Minor weaknesses/concerns
3	Moderate weaknesses/concerns
2	Significant weaknesses/concerns
1	Severe weaknesses/concerns

### Step 3 = Ranking



If an application received a score of 1 from any reviewer on any factor it is rejected.

All other applications have their scores for each factor combined to provide a total between 10 and 30.

If an application scores 20 or above it is considered fundable.

If there are more applications deemed fundable than available funding, the fundable applications are ranked by their total score.

If there are multiple applications with the same total score, they are separated by ranking on their individual factor scores in the following order of priority:

1. Practitioner score
2. Health Inequality score
3. Strategic Priority score
4. PPI score
5. NIHR Viability and credibility

## Category 1.3: Service led applications

### Funding opportunity

An application to Type 1 or Type 2 RCF (Categories 1.1 and 1.2) can be submitted as *service led* applications and apply for further funding of up to £3,000 for a Type 1 award, and up to £10,000 per Type 2 award.

Service-led ideas are innovative proposals for academic research originating from frontline health and care staff who lack dedicated academic time. These ideas stem directly from the practical experiences and insights gained through their daily work in health and care settings.

Service-led ideas allow us to prioritise addressing real-world challenges to improve our population's health, drawing upon the firsthand knowledge and expertise of those actively involved in delivering healthcare services.

It is acknowledged that *service led* ideas may be several steps behind and require more time than 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.

### Timing

This budget is managed within the process for categories 1.1 and 1.2 above.

### Governance process

Applications for Type 1 or Type 2 RCF that want to be considered as *service led* will indicate this on the application form and explain how the extra funding will be used.

Applications will be assessed through the process for either Type 1 or Type 2 RCF awards.

## Category 1.4: Pipeline awards

### Funding opportunity

The ICB aims to invest in research that impacts those who need it most. The ICB research team supports 2 networks that are focused on improving research activity within areas of most need:

- GPs in the Deep End, supporting general practices in the 20% most deprived areas of BNSSG
- Research Engagement Network. VCSE and community led network to increase the diversity of participants in BNSSG research.

Organisations that are members of the above networks are eligible for our Pipeline Awards. These will be referred to below as “*Pipeline Organisations*”.

Extra investment is required to provide an equitable opportunity for Pipeline Organisations to be involved in research development.

Type 1 or Type 2 Responsive Call funding awards that include Pipeline Organisations as partners will receive additional funding, paid directly to the Pipeline Organisation to help them engage with the research development.

The award amount will be for the equivalent of 48 hours of senior staff time (e.g. GP). However, the Pipeline Organisation can use these funds to support other staff time and PPI activities to encourage and support research activity. Activities will be reviewed by the ICB Research Team to ensure compliance with DH&SC rules on RCF spend.

**Factors influencing RCF spend category 1 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

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
Career Development Fellow in primary care mental health research	University of Bristol	£31,291
Public Health Career Development SRA	University of Bristol	£62,365
<b>Total committed funding</b>		<b>£108,256</b>

### Reasons for recommendation:

We are able to meet the committed spend and received no requests for additional roles. Therefore, the amount recommended fully meets the requests.

### 2.2.2 The Split between organisations

Combined with Category 3, we aim to spend a ratio of 92:8 in favour of University of Bristol. The proposed Spending plan has a ratio of 92:8 in favour of University of Bristol.

### 2.2.3 Timing

1<sup>st</sup> March = The Universities asked to send their prioritised lists for 2024-25

16<sup>th</sup> 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

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	£20,000
Senior Research Associate in Social Care (School for Policy Research)	UoB	£61,254
PPI&E Advisor(s) in CAPC	UoB	£24,889
Implementation Science Post	UoB	£5,122
BTC Finance post	UoB	£54,889
Database Analyst	UoB	£54,380
PHS - Statistician	UoB	£60,222
BTC Statistician support	UoB	£44,926
<b>Total committed funding</b>		<b>£325,682</b>

This leaves £127,317 for the new ideas requested, with a 92:8 ratio across the spend of categories 2 and 3 (£102,437 for University of Bristol and £24,880 for UWE) which were as follows:

Post	University	Priority	Total funding requested	Funding required in 2024-25	Recommended to fund this year
THS departmental statistician	UoB	1	£97,367	£48,683	£48,683
PHS Public, Community, Involvement and Engagement Officer	UoB	1	£31,497	£15,749	£15,749
PHS PACT Administrator	UoB	2	£39,483	£19,891	£19,891
Public Health Programme Manager	UoB	3	£21,270	£21,270	£21,270
THS departmental engagement and	UoB	3	£81,926	£40,963	£0

primary care interface officer					
<b>Total</b>			<b>£293,112</b>	<b>£146,556</b>	<b>£105,593</b>

UWE’s funding allocation is in discussion, likely to be allocated towards extending an existing commitment.

**Reasons for recommendation:**

We are unable to fund all University of Bristol requests.

By committing funding for future years, and only meeting this year’s incurred costs, we can meet the top ranking priorities and the less expensive of the initiatives jointly ranked 3<sup>rd</sup>.

**2.3.2 The Split between organisations**

Combined with Category 2, we aim to spend a ratio of 92:8 in favour of University of Bristol. The proposed spending has a ratio of 92:8 in favour of University of Bristol.

**2.3.3 Timing**

1<sup>st</sup> March = The Universities asked to send their prioritised lists for 2024-25.

16<sup>th</sup> April = Options appraised in Advisory Committee.

30<sup>th</sup> April = Award letters detailing timing and amounts of funding issued.

**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

There are two award types:

**Launching Fellowships** provide up to £60,000 for up to 18 months for an exceptional early career researcher who has recently completed their PhD.

**Academic Career Award** provide up to £60,000 for an exceptional Senior Research Fellows currently on short term funding awards. The award is made for an 18 months duration, and 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

### 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 and award

#### Academic Career Awards

September = The funding opportunity will be advertised to heads of departments/centres across UWE and University of Bristol

November = University internal process to nominate up to 2 candidates each for interview

December = Interviews

January = award starts

### Governance

Launching Fellowships are 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 Research Team.

For Academic Career Awards each University undertakes its own internal process to nominate up to 2 suitable candidates. All nominated candidates are interviewed. The interview panel consists of at least four members representing both Universities, the ICB and the ICB Research Team.

**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

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

### Committed funds

Post	University	Funding
Social Care - Age Friendly Community	TBC	£5,000
SIC Equity of access	TBC	£5,000
Emily Phillips - Cardiovascular services within BNSSG	TBC	£5,000
<b>Total committed funding</b>		<b>£15,000</b>

### Funding Opportunities

Short-term project support. Applications for Researcher in Residence placements are made from ICB staff, submitted to the ICB Research Team.

Short-term Researcher in Resident projects are awarded up to £5,000 and the ICB team submitting the form is encouraged to match-fund to provide a total budget of £10,000.

### Timing

Timing is critical and so the decisions need to be reactive and timely.

### Governance

The decision making panel 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.

### 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

### 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

This funding is 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).

### Committed funds

Post	Funding
Clinical Lead - Analytics	£32,000
GPs at the Deep End	£30,000
Clinical Lead for Health Economics	£64,000
<b>Total committed funding</b>	<b>£126,000</b>

### 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.

Where the posts are already existing, the awards will be processed according to relevant HR and organisational due process.

### Outcome measure of success

Job objectives will be managed within Job description and Line Manager Personal Development Reviews as well as regular meetings with the Research Manager.

### 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

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
Research Manager	BNSSG ICB	£77,000	£77,000
Research Portfolio Manager	BNSSG ICB	£58,000	£58,000
Research Contracts Manager (50%)	50:50 BNSSG ICB & University of Bristol	£39,000	£39,000
Senior Research Fellow (50%)	50:50 BNSSG ICB & UWE	£39,000	£39,000
Research Portfolio Officer	BNSSG ICB	£55,000	£55,000
Research Enterprise Development Sponsorship contribution	University of Bristol	£35,000	£35,000
Research Portfolio Support	BNSSG ICB	£35,000	£35,000
Research Finance Support	BNSSG ICB	£34,000	£34,000
Associate Medical Director for Research	BNSSG ICB	£22,000	£22,000
People in Health West of England (PHWE)	UoB/UWE	£6,000	£6,000
	<b>Total</b>	£400,000	£400,000

### Reason for recommendation

These are the current estimated costs for the Research Team. However, we will seek to make savings on this category through reallocation of underspends from previous RCF awards, and external income streams.

### **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.

### **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

### **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: Unpredictable needs

### Committed funds

Post	University	Funding
Charlotte Archer	UoB	£3,792

### Timing

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

### 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 Chief Medical Officer.

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

### Outcome measure of success

The original aims of the RCF award achieved

### Factors influencing RCF spend this contributes towards

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

## Category 9: Bristol Health Partners Academic Health Science Centre

### Committed funds

Post	Funding
Bristol Health Partners Academic Health Science Centre Membership	£98,000
ICB contribution to the protected characteristics and caring responsibilities data collection project	£14,283

## Category 10: Contingency (if applicable)

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.

### **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 future committed funds on the longer-term posts at the Universities.

### **Governance**

The Research Manager and the Research Portfolio Manager review the applications to make sure the recipient is eligible.

### **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 2024-25 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/ICS 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
8. Unpredictable Needs	X	X				
9. Bristol Health Partners	X	X	X		X	X
<b>Count</b>	<b>9</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>8</b>	<b>4</b>

Categories 1-9 are planned to support strategic aims and shown in the table above.

Supporting the ICS priorities are an explicit factor in decision making with regards 6 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 contribute to the NIHR stated aims of RCF, the NIHR's mission statement and Knowledge Mobilisation.

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, even though those 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.