

# Guiding Principles for creating the Research Capability Funding Spending Plan

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## 1. Purpose

This paper serves three purposes:

1. Contextualises BNSSG ICB Research Capability Funding (RCF) in the Background section,
2. Provides transparency with regards the decision making on how the Research Team plan and manage spending RCF,
3. Invites the Research and Knowledge Mobilisation Advisory Group to hold the Research Team to account with regards the decision making and management processes so that we can provide assurance of our processes and our management of RCF.

## 2. Background

### 2.1 What is RCF

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

The key to our success is our partnership working with colleagues in the local Universities, Local Authorities and local Health & Care Providers and VCSE, as well as the Research Delivery Network and local NIHR infrastructure. We have created a cross-organisational research support office for community-based health and care research. This means that we have multiple stakeholder organisations to consider when investing RCF, namely: our population; the University of Bristol; the University of the West of England; the three Local Authorities; providers of primary and community health and care services; VCSE partners, and the Integrated Care Board.

In 2020-21 the Research Team undertook a review and refresh of all previous RCF investments and identified distinct categories of spend. This was when the RCF spending plan categories were defined, developed clear and transparent processes for decision making, and plans for monitoring the outcomes of each category.

These categories and the overall spending plan are reviewed annually to ensure RCF is being maximised and meeting the desired balance in achieving the various uses of RCF. This paper is a refresh following the launch of the ICB Research Strategy 2025-28 in March 2025.

## 2.2 Accountability

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

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

The ICB was audited in 2022 by the NIHR and found to be operating appropriately, with several BNSSG ICB processes for managing Research Capability Funding adopted as best-practice templates to be shared by the NIHR with other Organisations.

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

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

## 2.3 Accountability to Local Stakeholders

We strive to be transparent, open and clear with regards how the RCF spend is decided. In 2021 we developed the structure to manage the ICB's RCF, increasing the transparency of decision making in regards the development of the spending plan, and to ensure that due process is in place for each budget category on the spending plan.

The guiding principles listed below, as well as our learning from previous investments, are considered within our decision making on both the budget categories on our spending plan, the relative proportions of RCF spend per category, as well as each individual award made.

## 3. The guiding principles our RCF investment choices

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

1. NIHR's stated aims of RCF,
2. NIHR Mission statement,
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan,
4. Relative contributions of the Partnerships generating our RCF award,
5. BNSSG ICB Research Strategy
6. Research Capability Funding virtuous circle

These six guiding principles are detailed in the following sections of this paper.

Each year, the annual RCF Spending Plan clearly presents which of the guiding principles are being met by each individual Category on the Spending Plan, as well as clearly presenting how the Spending Plan balances spend across all five guiding principles.

### 3.1 Guiding principle 1: NIHR's stated aims of RCF

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

- *“help research-active NHS organisations to act flexibly and strategically to maintain research capacity and capability*
- *support the appointment, development and retention of key staff undertaking or supporting people and patient-based research*
- *contribute towards the costs of hosting NIHR-funded or ‘adopted’ research that are not currently fully covered across NIHR’s programmes, and that are not met in other ways.”*

### 3.2 Guiding Principle 2: NIHR Mission statement

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

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

### 3.3 Guiding Principle 3: BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan

While the RCF has to be invested in research, it is an NHS budget awarded to BNSSG ICB. As such, the spending decisions made should complement and enhance the work of the Integrated Care System (ICS).

The ICS has a strategy with four aims:

ICS Aim 1: improving outcomes in population health and healthcare

ICS Aim 2: tackling inequalities in outcomes, experience and access

ICS Aim 3: enhancing productivity and value for money

ICS Aim 4: supporting broader social and economic development

And five Key Opportunities:

Key Opportunity 1: Tackling systemic inequalities

Key Opportunity 2: strengthening building blocks

Key Opportunity 3: prevention and early intervention

Key Opportunity 4: healthy behaviours

Key Opportunity 5: strategic prioritisation of key conditions

Our Research Capability Funding is invested to ensure research development in BNSSG contributes to the four aims and five opportunities of the ICS.

To deliver on the aims and opportunities the ICS has developed:

- 4 Health and Care Improvement Groups (HCIGs) to oversee and plan work to:
  - Improve the lives of people in our community
  - Improve the lives of people with mental health, learning disabilities and autism
  - Improve the lives of our children
  - Improve outcomes through efficient and effective hospitals.
- 6 Locality Partnerships to bring decision-making close to communities
- Operational Delivery Groups to bring together system partners around priority topics such as Urgent and Emergency Care, Planned Care and Primary Care.

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

1. Rational (logical, evidence based, assessing benefits and harms, taking account of the wider political, legal and policy context, decisions made by competent individuals)
2. Inclusive (equal opportunity, PPI, balances rights of individuals with the rights of the community)
3. Take account of the value we will get (getting the most value from finite resources)
4. Transparent and open to scrutiny (being trustworthy guardians of public finances)

5. Promote health for both individuals and the community (promoting sustained good health as well as curing illness)

The ICB's role in the Integrated Care System (ICS) and within Bristol Health Partners (BHP) puts forward a compelling argument for increasing our partnership working. Partnership working has created the most research-active ICB in England and enabled us to invest in research development and support across a wider number of ICS partners. We will continue to work with the Local Authorities and Sirona, as well as VCSE organisations to enhance our relationship and support them to develop and deliver high quality research. As such, our Research Capability Funding spend should continue to not be limited to the NHS, but reflect and contribute to the integrated partnership of the ICS.

### 3.4 Guiding Principle 4: Relative contributions of Partnerships generating our RCF award

The RCF is generated from partnerships between the ICB and academics within our partner Universities. The ICB Research Team calculates the proportions of our award generated by partnerships with each University Partner.

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

### 3.5 Guiding principle 5: BNSSG ICB Research Strategy 2025-28

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

The ICB Research strategy sets out an aim for all our research activities:

***Health and care research that makes a difference to those who need it most.***

The Mission of the Research Team's work is to:

- Be the best ICS we can be at delivering knowledge mobilisation
- Optimise research generation and evidence use throughout the ICS

- Increase the resources available within the ICS to address health inequalities through research funding and academic expertise

The vision of the strategy is to hard-wire research into core business across the ICS, with academic collaboration becoming a defining feature of how the Healthier Together ICS operates, with staff across the ICS understanding that research is part of business as usual.

To achieve the Aim, Mission and Vision the ICB Research Strategy establishes five strategic pillars:

1. Targeting the greatest needs
2. Radically diversifying health and care research
3. Establishing collaborative partnerships with academia at every level of the ICS
4. Accelerating research evidence into practice
5. Harnessing research to increase resources available to the ICS

### **3.6 Guiding principle 6: The RCF virtuous circle**

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

## **4. Monitoring RCF investments and learning for future investments**

### **4.1 Main measure of performance**

The main measure of the success of our investments is the ICB's RCF income in comparison to other NHS Organisations. On this measure, BNSSG ICB is established as the leading research active ICB in England, topping the ICB rankings since at least 2014, and amongst the top 2 of all NHS Organisations since 2021.

The approach to Research Capability Funding management is clearly performing well on this measure, yet it is important to monitor and learn what we are doing well and in what areas we can improve.

Further, this measure says nothing about how that success translates into improved services or experiences for our patients. Therefore, the Research Team will ensure that all projects associated with ICB RCF are followed up until conclusion and any impact on patient care or services is recorded and reported as part of our ongoing monitoring of our performance.

## 4.2 How we monitor RCF spend

We have clear expectations on the outcome expected for each category of the RCF spending plan, and these are stated as the intended outcome on each RCF award letter.

The RCF award letters are incorporated within the contractual agreement between the ICB and the recipient organisation.

Each category of spend has its own intended outcome, which reflect the guiding principles that formed that category of investment (as described above). The measures of success (which are stated below) have been chosen to monitor our performance in realising each guiding principle that shapes our spending plan.

It is important to note that there are inherent risks on all of our investments, and we are not guaranteed results from any of the investments we make. Therefore, we do not deem failing to achieve the intended outcome as necessarily a sign of mismanagement or negligence. However, we would deem that not learning from where our investments have not led to the intended outcomes as negligence on our part.

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

Each recipient of RCF completes a report at the end of the financial year, which informs the ICB's Research Capability Funding report to the DH&SC. Recipients also complete a final report of activity and spend at the end of the duration of their RCF award.

The following measures are reported annually to the Research and Knowledge Mobilisation Advisory Group to demonstrate the effectiveness of our RCF spending decisions:

- Our RCF award value and ranking (overall performance)
- The number of NIHR grants held, and the value of our current portfolio (virtuous circle)
- How many of our NIHR grants have come from RCF investment (virtuous circle)
- The number of individuals funded by RCF (maintaining capacity and capability)
- The number of grant applications being developed using RCF support (virtuous circle)
- The number of grants awarded with ICB host due to Research Team networking (Knowledge Mobilisation)
- The percent of our Grants and development projects that actively contribute to the Healthier Together ICS priorities, and the areas of ICB work that the developing research aligns to (ICS Strategy)
- Our spend broken down per-organisation (relative contributions)



- The percent of RCF projects which have co-design with ICS colleagues. It is important to note that 100% have PPI (Knowledge Mobilisation)
- Long-term follow-up for impact on services and/or patient care (ICB vision)

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

## 5. Rationale

### 5.1 Why we do this

With a strong research environment contributing to an evidence aware culture; with stable employment supporting the retention of talented academic staff; with a knowledge mobilisation approach encouraging genuine co-design, the research we support with RCF will have the best chance of being of high academic quality, useful and relevant to health services, and ultimately, improving the health of our population.

Our 2025-28 Research Strategy actively invests RCF in disadvantaged communities, increasing the likelihood that the research will contribute to reducing health inequalities. Further, the partnership between Higher Education Institutes and the ICS will generate greater benefits from the collaborations between colleagues working across organisations including RCF supported Population Health Management, RCF supported evaluations of current services, and increased access to world-leading experts to help inform decision-making and increase our ability to learn from decisions.

We want to ensure that our population sees and feels the ICB's position at the forefront of research as a tangible way that we are creating sustainable health services for the long-term.

### 5.2 How we do this

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

Research Capability Funding will be overseen by the Research and Knowledge Mobilisation Advisory Group which meets twice per year, with the focus of each agenda as below:



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

The Annual RCF Spending Plan proposed by the Research Team be set out in a paper explaining the rationale for the category budgets included and/or omitted and/or added.

Each category on the Annual RCF Spending Plan will have a clear and transparent decision making process, the intended outcomes linked to the guiding principles and a monitoring plan.

We will ask that the Advisory Group reflect upon:

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

The Advisory Group exists to challenge the Research Team to maximise the value we can gain from the RCF award.

## 6. Risk and Mitigations

### 6.1 Fraud

The ICB is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, we have given consideration to fraud and corruption that may occur with regards Research Capability Funding.

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

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

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

## 6.2 Hosting choice

There is a risk of University colleagues opting against the ICB as the host. We mitigate this risk by delivering an enhanced research support service, which is flexible and reactive to support each project. We have a “customer survey” to make sure that our research support service meets the expectations of the Investigators, and have created supportive working partnerships with the University based research support teams (e.g. Sponsorship). The Research Team work proactively with University research support teams to embed a check for NHS hosting as part of their internal process.

## 6.3 Poor performance on individual investments

The risk of intended outcomes not being achieved on each RCF investment are mitigated by the competitive application processes, and the monitoring and support of the Research Team, as well as the reciprocal partnership we have established with senior academics. Individual cases are managed with the individual, line manager and senior members of the department and/or organisation.

## 6.4 Flexibility

A risk we mitigate against is being too rigid in our setting of our spending plan. RCF is provided so that we can act flexibly. This flexibility is a key component in getting the most value from our RCF award.

We mitigate against missing opportunities or unintended consequences by devising annual spending plans in partnership with our partners, reviewing these mid-year and by using the category budget on the spending plan as a *guide* for the Research Team, not an absolute set target to achieve.

In managing the RCF budget, there will be variance between the planned spend and the eventual spend. Where these are a significant deviations they will be discussed with our senior University colleagues and approved by the ICB’s Chief Medical Officer.

# 7. Summary

This paper reviews and updates the guiding principles (previously called “Factors”) that were used to guide RCF spending between 2020 and 2025.

The principles in this paper retain the fundamental approach that has taken BNSSG ICB from being one of the leading ICB’s for NIHR activity, to one of the leading NHS Organisations for NIHR activity.

This paper builds on that success to better align the Research Capability Funding spending to the ICB's research strategy 2025-28, to ensure that the research activity contributes meaningfully to reducing health inequalities experienced by the most disadvantaged members of our population.

Our aim is health and care research that makes a difference to those who need it most. Using the guiding principles outlined above will maximise our chances of achieving that aim.