

Paper 2: 2025-26 Research Capability Funding Spending Plan

Date: 16/04/2025

Author: Paul Roy & Kat Bagi & Rebecca Howling

Purpose

This paper sets out the Research Team's recommendation for the 2025-26 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.

We have not yet been informed of our 2025-26 RCF award. The recently announced 50% cuts to ICBs, NHS England and DHSC running costs adds uncertainty to our Research Capability Funding award.

We have identified the existing roles that would be at risk if RCF is reduced and are pleased to present that all commitments would be met should RCF be reduced in line with the 50% cuts.

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 guiding Principles which are considered when the ICB spends RCF . The Guiding Principles can be read in the accompanying paper to this meeting, "Guiding Principles for creating the Research Capability Funding Spending Plan".

Section 1

1.1 RCF Award

We have made three Spending Plan recommendations based on three scenarios for RCF award.

Scenario 1

The algorithm used to calculate Research Capability Funding remains stable at £0.275 per £1 of NIHR income. We should expect £1,989,431 to spend in 2025/26.

Scenario 2

Research Capability Funding is reduced by 50% in line with recent government announcements. We would expect £994,715 to spend in 2025/26.

Scenario 3

Research Capability Funding is reduced in line with historical reductions to Research Capability Funding, from £0.275 per £1.00 of NIHR income to £0.2 per £1.00 of NIHR income. We should expect £1,446,859 to spend in 2025/26.

We have devised a plan for each of those scenarios.

1.2 Committed funds and requests for RCF 2025/26

We have **£2,368,934** 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 table below shows the amounts already committed to existing posts, as well as the funding requests and/or expectations on each category.

Category	Committed	Requested or Expected	Combined Total
1.1 Type 1 Responsive Call	£0	£60,000	£60,000
1.2 Type 2 Responsive Call	£0	£553,340	£553,340
1.3 Service Led Responsive Call	£0	£37,000	£37,000
1.4 Pipeline Awards	£0	£35,156	£35,156
1.5 PPI awards for fellowships	£0	£9,000	£9,000
1 PPI Reviewers	£0	£1,000	£1,000
2. University Career Development	£126,527	£0	£126,527
3. University Departmental Development	£329,594	£170,406	£500,000
4. Career Fellowships	£6,332	£130,000	£136,332
5. Researchers in Residence	£0	£100,000	£100,000
6. ICS Research and Evidence	£38,565	£112,435	£151,000
7. Hosting and Sponsorship	£446,045	£82,108	£528,153
8. Unpredictable needs	£9,558	£35,868	£45,426
9. Bristol Health Partners	£87,000	£0	£87,000
TOTAL	£1,043,621	£1,326,313	£2,369,934

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.

1.3 The Recommended RCF Spending Plan

We have made three spending plan recommendations based on three scenarios for RCF award.

Scenario 1

The algorithm used to calculate Research Capability Funding remains stable. We should expect £1,989,461 to spend in 2025/26.

Scenario 2

Research Capability Funding is reduced by 50% in line with recent government announcements. We would expect £994,716 to spend in 2025/26.

Scenario 3

Research Capability Funding is reduced in line with historical reductions to Research Capability Funding, from £0.275 per £1.00 of NIHR income to £0.2 per £1.00 of NIHR income. We should expect £1,446,859 to spend in 2025/26.

Category	Budget requests	Scenario 1 (27.5p per £1)	Scenario 2 (13.75p per £1)	Scenario 3 (20p per £1)
1.1 Type 1 Responsive Call	£60,000	£36,000	£0	21,000
1.2 Type 2 Responsive Call	£553,340	£180,000	£0	£135,000
1.3 Service Led Responsive Call	£37,000	£55,000	£0	£30,000
1.4 Pipeline Awards	£35,156	£55,000	£0	£30,000
1.5 PPI awards for fellowships	£9,000	£9,000	£0	£0
1.6 PPI reviewers	£1,000	£1,000	£0	£1,000
2. University Career Development	£126,527	£126,527	£126,527	£126,527
3. University Departmental Development	£500,000	£500,000	£329,594	£355,000
4. Career Fellowships	£135,000	£135,000	£0	£60,000
5. Researchers in Residence	£100,000	£100,000	£0	£14,000
6. ICS Research and Evidence	£151,000	£151,000	£38,565	£50,000
7. Hosting and Sponsorship	£528,154	£528,154	£446,045	£528,154
8. Unpredictable needs	£45,425	£25,750	£10,484	£9,178
9. Bristol Health Partners	£87,000	£87,000	£43,500	£87,000
TOTAL	£2,369,934	£1,989,431	£994,715	£1,446,859

Recommended budget.

The above budget for each category is recommended by the Research Team depending on the income received. 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.

The three alternative Spending Plans meet all of our pre-existing commitments and as many of the requests from our Partners as we are able to 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 2024-25

This section outlines proposed amendments to the names, remits and details of the Spending Plan Categories compared to previous year's RCF Spending Plan:

Category	Explanation of change
1.1 Type 1 Awards	Applications reviewed by the Research Team on basis of Alignment to System Priorities and Health Inequalities. This is to reduce the work involved in review when Practitioner reviews are required.
1.4 Pipeline Awards	<p>Introducing a new proposal to stimulate research activity within the services delivering care to disadvantaged communities. In collaboration with the GPs at the Deep End Network, we will offer all Research Capability Funding Type 1 and Type 2 projects the opportunity to work with current or previous Deep End Health Inequalities Fellows (funded by the BNSSG ICB Training Hub).</p> <p>These awards will help our research development projects work with disadvantaged groups as well as contribute to the Deep End and ICB strategies of increasing job satisfaction and retention amongst the primary care teams within the most disadvantaged areas. This scheme will help to ensure the research developed with BNSSG RCF is inclusive of those with the most need.</p>

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:

- To note:** In 2024/25 the spending plan recommended by the Advisory group introduced substantial financial commitments for this spending plan, as detailed above. This was with the understanding that it would limit our ability to create new roles in the 2025-26 RCF Spending Plan.

2. **To advise:** Because the requests for RCF are higher than our expected RCF income we have to allocate some Categories on the Spending less than they would request. Do the Advisory Group have a view on whether the proposed Spending Plan distributes the available funding in the most sensible way? 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 the following for future years:

Financial Year	Committed spend at Universities	Committed Spend in Research Team	Total Research Capability Funding Committed
2026-27	£302,167	£426,154	728,321
2027-28	£167,604	£426,154	593,758
2028-29	£134,271	£426,154	560,425
2029-30	£54,714	£426,154	480,868
2030-31	£9,694	£426,154	435,848

It is difficult to predict future RCF. We understand that DHSC have plans to review and develop RCF during 2025-26 with a plan to introduce changes in April 2026. The changes will be to actively increase RCF spend to the Wider Care sector (outside of Hospital). This is positive but worth pointing out that BNSSG is an outlier amongst ICB's in generating RCF through hosting NIHR grants. We are working with DHSC on RCF developments, Chair a national working group on supporting primary care research, and have been used as an example of best practice by NHS England and the NIHR. However, we cannot be sure what the changes to RCF will be and how they might impact our award in 2026. We need to balance the risk of over-committing RCF with the risks of operating within financial years (little/no job security for staff, reduced retention etc).

Section 2

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

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

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 Guiding Principles (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 or implementation of evidence).
- 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 2 factors:



1. **Strategic Alignment:** Alignment to the Integrated Care Partnership Strategy
2. **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 4 and 12.

If an application scores above 8 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. Health Inequality score
2. Strategic Priority 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 Category 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 Initiated applications

Funding opportunity

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

The definition of **Service Initiated ideas** are innovative proposals for academic research originating from frontline health and care staff who do not have dedicated academic time (e.g. a role within a University). These ideas stem directly from the practical experiences and insights gained through their daily work in health and care settings.

We are likely to receive applications via Bristol Health Partners Health Integration Teams (HITs). The RCF application can be led by academic partners who are collaborating on the service initiated project with the front line staff.

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 a project in a topic they are not already experts in.

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 as appropriate.

Category 1.4: Targeting the Greatest Needs 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 Targeting the Greatest Needs Awards. Extra investment is required to provide an equitable opportunity for these Organisations to be involved in research development.

Type 1 or Type 2 Responsive Call funding awards that include GPs at the Deep End or REN VCSE member Organisations as partners will receive additional funding, paid directly to the GPs at the Deep End or REN VCSE member Organisation to help them engage with the research development.

The Award amount will be based on the role of the staff involvement as follows:

Role	Hours	REN VCSE payrate	GPs at the Deep End payrate
Lead	48	NHS Band 8a	GP AcoRD rate
Collaborator	16		

The GPs at the Deep End or REN VCSE 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.

Guiding Principles influencing RCF spend category 1 contributes towards:

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	Yes
4. Relative contributions of the Partnerships generating our RCF award	No
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	Yes

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
Professorship support role - Prof Ridd	University of Bristol	£14,975
Career Development Fellow in primary care mental health research	University of Bristol	£31,291
Professorship support role – Prof de Vocht	University of Bristol	£4,565
Senior Lecturer in Primary Care	University of Bristol	£75,696
Total committed funding		£126,527

Reasons for recommendation:

In scenario 1 and 3 we would be able to meet the committed spend. In 2024/25 we noted that the level of commitments would mean additional posts would be unlikely.

2.2.2 The Split between organisations

Combined with Category 3, we aim to spend a ratio of 94:6 in favour of University of Bristol. The proposed Spending plan has a ratio of 94:6 in favour of University of Bristol.

2.2.3 Timing

Jan-March = The Universities asked to send their prioritised lists for the coming financial year(s).

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 requests are reviewed to be in line with RCF rules and the recommended options for using the available budget to maximise the number of prioritised ideas is presented to the Advisory Group noting the relative contributions of the Universities to the total RCF award (the ratio of spend). 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 Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	No
4. Relative contributions of the Partnerships generating our RCF award	Yes
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	No

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	£22,000
Senior Research Associate in Social Care (School for Policy Research)	University of Bristol	£37,461
Information Specialist	University of Bristol	£5,911
Bristol Trials Centre: Senior Research Project Manager	University of Bristol	£28,360
Bristol Trials Centre: Finance Manager	University of Bristol	£54,100
Bristol Trials Centre: Methodologist	University of Bristol	£45,044
Bristol Trials Centre: Statistician	University of Bristol	£43,800
THS Departmental Statistician	University of Bristol	£49,412
PHS PACT Administrator	University of Bristol	£20,008
PHS Grief Centre	University of Bristol	£23,498
Total committed funding		£329,594

The Committed funds can be met in all three Scenarios, and allow for further investments in in Scenario 1 and 3. The combined spend of Category 2 & 3 aims to achieve a 94:6 ratio in favour of University of Bristol. The available funds are presented in the table below:

Remaining Category funds	Scenario 1	Scenario 2	Scenario 3
Total	£170,406	£0	£25,406
University of Bristol	£160,182	£0	£23,882
UWE	£10,224	£0	£1,524

How the Universities choose to use this funding allocation is in discussion.

Reasons for recommendation:

In all scenarios we meet the committed costs. The additional funds available in Scenario 1 and 3 are proposed to provide a balanced spending plan that meets the Guiding Principles.

2.3.2 The Split between organisations

Combined with Category 2, we aim to spend a ratio of 94:6 in favour of University of Bristol. The proposed spending has a ratio of 94:6 in favour of University of Bristol.

2.3.3 Timing

Jan-March = The Universities asked to send their prioritised lists for the coming financial year(s).

April = 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 requests are reviewed to be in line with RCF rules and the recommended options for using the available budget to maximise the number of prioritised ideas is presented to the Advisory Group noting the relative contributions of the Universities to the total RCF award (the ratio of spend). 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 Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	No
4. Relative contributions of the Partnerships generating our RCF award	Yes
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	No

Category 4: Career Fellowships

There are three 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
£60,000	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

ICB Evidence Fellow provides up to 1 day a week for a year of an ICB employee looking to develop an academic element to their career. The fellowship period is used to build skills and experiences to boost the academic c.v. and to write an application for a career development award, e.g. NIHR pre-doctoral fellowship, NIHR INSIGHTs Masters, NIHR Doctoral Fellowship.

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

ICB Evidence Fellow

June = The funding opportunity will be advertised to ICB colleagues

August = Application deadline

September = Interviews

September – 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.

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.

ICB Evidence Fellow Awards Applications are reviewed by the Associate Director for Research and the ICB's Learning and Development Team. The three top scoring candidates will be offered an interview. The interview panel will consist of the ICB's Associate Director for Research, a member of the ICB's Learning and Development Team and a third panellist from our partner Universities or wider ICB.

Outcome measure of success

The awardee securing subsequent funding in the form of a Fellowship Award and/or a research grant for their work.

Other benefits will include introducing evidence informed practice to their work, spreading awareness of research and evidence across their Team and the wider ICB.

Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	Yes
4. Relative contributions of the Partnerships generating our RCF award	No
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	Yes

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

We report below on the awards that are being processed but were not completed in the 2024/25 financial year.

Post	University	Funding
Pro-active care – Combined Localities	TBC	£7,000
Nursing – complex patient care	TBC	£7,000
Nursing – Section 136 numbers and costs	TBC	£7,000

Nature based practice	TBC	£7,000
Total funding pending		£28,000

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 £7,000 and the ICB team submitting the form is encouraged to match-fund to provide a total budget of £14,000.

Timing

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

Governance

Applications from ICS Teams seeking a Researcher in Residence make an application to the Research Team.

The review panel consists of members of the ICB Research Team, which allows the panel to convene quickly and be responsive to the unpredictable timing and number of applications received. Applications are reviewed as they are received.

The applications are scored against 4 criteria with a space for free text from the reviewer. Each is scored against a 5-point Likert scale based on the following criteria:

1. Value - this work will provide an academic with an opportunity to build a network and create impact.
2. Viability – this project is well outlined and, though the actual work may be defined with a researcher, the overall project has clear aims and scope.
3. Integration – there is a clear plan to integrate the researcher fully within the team necessary to facilitate a successful project.
4. Future research potential – this is highly likely to lead to an NIHR application in the future.

Any application that receives a wide disparity in scores is sent to the ICB's Professor of Knowledge Mobilisation for an additional and deciding review.

Outcome measures of success

System outcomes:

The project is completed and the objectives set at the beginning of the project are met.

Additional benefits include:

1. the ICB research and learning culture increases
2. the partnerships between the researcher and the ICS Team continue beyond the duration of the project.

The Researcher reports an increase in:

1. Knowledge of how evidence is used within the Health & Care system
2. Their network of non-academic colleagues
3. Further collaborative projects created or planned

Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	Yes
4. Relative contributions of the Partnerships generating our RCF award	No
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	No

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 for Data Analytics	£34,000
Professorship Support – Prof de Vocht	£4,565
Total committed funding	£38,565

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.

Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	Yes
4. Relative contributions of the Partnerships generating our RCF award	No
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	Yes

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	Committed
Associate Director for Research	BNSSG ICB	£107,641	£107,641
Research Portfolio Manager	BNSSG ICB	£64,493	£64,493
Research Contracts Manager (50%)	50:50 BNSSG ICB & University of Bristol	£38,000	£38,000
Senior Research Fellow (50%)	50:50 BNSSG ICB & UWE	£39,000	£39,000
Research Portfolio Officer	BNSSG ICB	£62,343	£62,343
Research Portfolio Officer	BNSSG ICB	£59,251	£59,251
Research Enterprise Development Sponsorship contribution	University of Bristol	£35,000	£0
Research Portfolio Support	BNSSG ICB	£38,215	£38,215

Research Finance Support	BNSSG ICB	£37,102	£37,102
Research Communications Officer	BNSSG ICB	£19,108	£0
People in Health West of England (PHWE)	UoB/UWE	£6,000	£0
Research Engagement Network Administrator	BNSSG ICB	£22,000	£0
Total		£528,153	£446,045

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 by the budget holder following ICB organisation due process, after review and approval of 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

Guiding Principles influencing RCF spend this contributes towards

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

Category 8: Unpredictable needs

Committed funds

Post	University	Funding
PHS Vaccination research team	University of Bristol	£9,558

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

Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	No
4. Relative contributions of the Partnerships generating our RCF award	No
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	Yes

Category 9: Bristol Health Partners Academic Health Science Centre

Committed funds

Post	Funding
Bristol Health Partners Academic Health Science Centre Membership	£87,000

Timing

Contributions are agreed in contract via the Integrated Care System's Research and innovation Steering Committee. Payments made according to contract.

Governance

Process established within the Integrated Care System's Research and Innovation Steering Committee.

All appointments are made following the employer's due process.

Outcome measure of success

Measured by the Integrated Care System's Research and innovation Steering Committee.

Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	Yes
4. Relative contributions of the Partnerships generating our RCF award	No
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	Yes

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 Associate Director for Research 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.

Guiding Principles influencing RCF spend this contributes towards

Guiding Principles	Contributing
1. NIHR's stated aims of Research Capability Funding	Yes
2. NIHR Mission statement	Yes

3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	Yes
4. Relative contributions of the Partnerships generating our RCF award	No
5. BNSSG ICB Research Strategy	Yes
6. Research Capability Funding virtuous circle	Yes

Section 3

The table below shows how the Categories in the 2025-26 RCF Spending Plan meet the Guiding Principles that guide how we utilise Research Capability Funding:

Guiding Principles	Categories									
	1	2	3	4	5	6	7	8	9	
1. NIHR's stated aims of Research Capability Funding	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%
2. NIHR Mission statement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	67%
4. Relative contributions of the Partnerships generating our RCF award	No	Yes	Yes	No	No	No	Yes	No	No	33%
5. BNSSG ICB Research Strategy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	100%
6. Research Capability Funding virtuous circle	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	67%

The final table presents the proportion of the Research Capability Funding used to meet each guiding principle (using Scenario 1):

Guiding Principles	% of Categories contributing to principle	Funding contributing to principle	% of RCF contributing to principle
1. NIHR's stated aims of Research Capability Funding	100%	£1,989,431	100%
2. NIHR Mission statement	100%	£1,989,431	100%
3. BNSSG ICS Healthier Together Strategy, Priorities and Joint Forward Plan	67%	£1,337,153	67%
4. Relative contributions of the Partnerships generating our RCF award	33%	£1,154,680	58%
5. BNSSG ICB Research Strategy	100%	£1,989,431	100%
6. Research Capability Funding virtuous circle	67%	£1,262,903	63%