



## **BEST RESEARCH FOR BEST HEALTH**

### **IMPLEMENTATION PLAN 5.7**

#### **NIHR FLEXIBILITY AND SUSTAINABILITY FUNDING**

*Best Research for Best Health*<sup>1</sup> set out a 5-year Research and Development Strategy for the NHS in England. This Implementation Plan provides more details on one of the key components of the strategy: NIHR Flexibility and Sustainability Funding. This document will be regularly updated. The latest version should be used.

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The NIHR Flexibility and Sustainability Funding (NIHR FSF) was introduced in 2008/09. It provides support through the NHS for the NIHR Faculty and associated workforce. It is allocated to research-active NHS organisations to enable them to attract, develop and retain high-quality staff engaged in or supporting clinical and applied health research. It does this by enabling NHS organisations to meet some, or all of the research-related component of the salary of researchers and research support staff where that component is not already provided by another funding source. NHS organisations should use this quality-driven fund to create and maintain a sustainable capacity for people and patient-based research.

#### **Aim**

- To enable research-active NHS organisations to attract, develop and retain a cadre of high-quality research and research-support staff.
- To support the appointment and retention of key staff undertaking people and patient-based research.

#### **Purpose**

- To enable NHS organisations to support the salaries of their researchers, particularly Faculty members (including researchers who may be working in their partner universities) in a flexible and strategic manner.
- To enable NHS organisations to create and maintain a sustainable capacity for people and patient-based research.

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<sup>1</sup> *Best Research for Best Health: A New National Health Research Strategy*. The NHS contribution to health research in England. Department of Health. 2006.

- To facilitate success in attracting NIHR research grants and other funding, leading to future allocation of NIHR FSF – a virtuous circle.
- To help NHS Trusts fund training and development in research management when their R&D Departments join the NIHR research support services<sup>2</sup>.

### **Eligibility**

- The NIHR FSF is allocated by the Department of Health to research-active NHS organisations.

### **Funding**

- The planned budget for the NIHR FSF for 2010/11 is £100 million.
- The amount of FSF allocated directly to each NHS organisation for its own use is in proportion to the amount of other NIHR income to that NHS organisation, and on the number of Senior Investigators associated with the organisation.
- FSF is also allocated to NHS organisations, which host NIHR Clinical Research Networks, for use by the NHS organisations that make up the network.
- NHS organisations potentially eligible for FSF must pass a threshold FSF allocation of £20k to receive funding, except in the case of support for networks.
- There will be a signed letter of agreement between the Department of Health and each recipient NHS organisation.

### **Use of NIHR Flexibility and Sustainability Funding**

- The NIHR FSF can be used support the costs of some or all of the following:
  - the research-related component of an NIHR Faculty member's salary which is not covered by other funding sources;
  - salary costs of new staff, who are expected to be Faculty members, but who have not yet obtained funding from other NIHR sources;
  - salary costs of existing Faculty members who are 'between grants';
  - the time of Faculty members in preparing grant proposals (this is not applicable to the NIHR FSF associated with research networks); the time of Faculty members in contributing to the wider research endeavour (e.g. membership of peer review panels);
  - the research-related time of NHS-employed scientific, administrative and secretarial staff that are supporting Faculty members in their NIHR-related work;
  - the cost of training and development in research management when NHS Trust R&D Departments join the NIHR research support services.
- Salary costs include direct (i.e. salary) and indirect (e.g. payroll, HR and training costs). FSF may only be used to support costs not met from other sources.

### **FSF Allocations to individual NHS organisations for their own use**

- The majority of the allocation for each NHS organisation will be based on the amount of other NIHR income received in the previous calendar year by each

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<sup>2</sup> The NIHR is improving the quality, speed and efficiency of research and research processes in the NHS by facilitating the reconfiguration of NHS Trust R&D Departments within a national framework of NIHR Research Support Services - see implementation plan 4.1g.

NHS organisation, and on the number of Senior Investigators associated with the organisation.

- The NIHR FSF allocations will be weighted to reflect the nature of the various NIHR funding schemes:
  - Research grants (projects and programmes) will be given the highest weighting to provide a counterbalance to the relatively short duration and relative inflexibility of project and programme grants in comparison to some other forms of research funding.
  - Other funding (Centres and Infrastructure) attracts a lower weighting to reflect its relative stability.
  - Senior Investigators also earn an allocation for the NHS organisations with which they are associated, on a per capita basis.

### **FSF Allocations through NIHR Clinical Research Networks**

- The purpose of FSF for the Clinical Research Networks is to enable the Networks to sustain the NHS workforce that supports clinical and applied health research funded by the NIHR and its partners. In achieving this, Networks will need to balance the advantages of short term flexibility with the need for a strategic approach to sustaining capacity and capability.
- Those NHS organisations hosting Comprehensive Local Research Networks (CLRNs) and Primary Care / Topic-specific Local Research Networks (LRNs) will receive an FSF allocation for these Networks.
- The Clinical Research Network Coordinating Centre (CRN CC) will work closely with the Topic-specific Clinical Research Network Coordinating Centres (TCRN CCs) to agree a recommended distribution of the national network FSF budget between the NHS organisations hosting CLRNs and LRNs, including differential distribution between individual CLRNs and LRNs. The agreed levels of FSF will be paid directly to the relevant NHS organisations.
- Each CLRN/LRN management team will be responsible for agreeing with the NHS organisations that make up the network, how the FSF available may best be distributed according to local need, and for making allocations. CRN CC and TCRN CCs will oversee this process, as appropriate.

### **Annual Reporting**

- NHS organisations will be advised about how the NIHR will monitor the use of individual FSF allocations. Network Coordinating Centres will provide reports on how CLRNs and LRNs have used FSF allocations. Each Trust CEO or Finance Director will be expected to sign off Trust FSF reports, confirming that all funds have been used exclusively for the purposes defined in this plan. The Department of Health reserves the right to audit FSF expenditure.

### **Timetable**

- December 2009 – total NIHR income received by NHS organisations during previous 12 months calculated.
- February 2010 – revised Implementation Plan for FSF published on the NIHR website.

- March 2010 – CRN CC notify the Finance Section of the R&D Directorate of the recommended distribution of FSF between NHS organisations hosting CLRNs and LRNs.
- March 2010 – FSF allocations notified to individual NHS organisations.
- April 2010 – details of monitoring and reporting on use of FSF published.

**Department of Health Lead:**

Dr David Cox

Deputy Director – Research Faculty

[R&D@dh.gsi.gov.uk](mailto:R&D@dh.gsi.gov.uk)