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Circulation: CLRN Directors and Senior Managers, PCRN/TCRN Directors and Assistant Directors (to circulate to LRNs), UKCRN CC Board

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Dear Colleague

NIHR Flexibility and Sustainability Funding for Local Research Networks

Catherine Johns wrote to you on 17 March confirming the NIHR Flexibility and Sustainability (NIHR FSF) funding for 2008/09 and providing details of the purpose of this funding stream and how this can be used.

A copy of Catherine's letter and NIHR Implementation Plan 5.7 which describes NIHR FSF funding is attached by way of reference. This is also available on the UKCRN website at:

http://www.ukcrn.org.uk/index/networks/comprehensive/resource_library/misc.html

The intention is that NIHR FSF funding will be in the region of £100m annually when fully implemented. This presents a significant source of funding. NIHR FSF allocations are based on the amount of other NIHR income that research-active organisations received in the previous calendar year. NIHR income includes NIHR Local Research Network (LRN) funding, and so one element of NIHR FSF is based on network funding.

This letter explores the NIHR FSF allocation in relation to networks; provides a breakdown of the 2008/09 Network NIHR FSF allocation by each local research network for each host organisation (see Appendix 1); and provides details of the reporting arrangements.

Overview of NIHR FSF

Briefly, NIHR FSF is a new funding stream being introduced by DH from 2008/09 in order to attract, develop and retain the research workforce necessary for delivering high quality health research. It is awarded to current or potential NIHR Faculty Members. NIHR Faculty members are individuals who conduct or support patient- or people-based research, and whose salary is funded in part or in whole from an NIHR funding stream, and who are employed by an NHS organisation or by a university.

There are four categories of NIHR Faculty membership: Investigators, Senior Investigators, Associates and Trainees.

NIHR Associates are those Faculty members who support research led by others. All individuals whose salary is funded (partly or wholly) by an NIHR Clinical Research Network are NIHR Associates, including clinicians recruiting patients to UKCRN Portfolio studies, research nurses (or equivalent for other health professions, e.g. physiotherapists, psychologists) and associated staff, and clinical support staff, e.g. pharmacy, imaging, and pathology staff.

NIHR FSF will only support salary costs: these can include direct (i.e. salary) and indirect (e.g. payroll, HR) costs. NIHR FSF can not be used for non-staff costs, such as equipment or running costs.

NIHR FSF is intended to support flexibility and sustainability in the LRN/CLRN workforce. It should not be used as the long-term, primary source of funding for any member of LRN/CLRN staff, and therefore NIHR FSF should be attached to an individual for a specified period of time.

Indicative Uses of NIHR FSF

The guidance from DH provided a list of indicative uses of NIHR FSF. This list is reproduced below, with commentary added on how these may relate to NIHR research networks.

NIHR FSF can be used to support the salary costs of the following:

- the component of an NIHR Faculty member's salary which is not covered by other NIHR sources;
[Network-related FSF should support NIHR Associates. NIHR Associates are staff that are supporting Portfolio studies and therefore whose salary could be supported from both LRN/CLRN infrastructure funding and NIHR FSF. There must, however, be no 'double funding' of the same salary cost. NIHR FSF allocation would allow the LRN/CLRN to support these staff during periods of low portfolio activity (local or national), for instance].
- new staff, who are expected to be Faculty members, but who have not yet obtained funding from the other NIHR sources;
[Network-related NIHR FSF could support people who are not yet fully active because they may not have the relevant experience but who have the potential to contribute to portfolio activity in the future in the view of the LRN/CLRN Director and their management team. This could relate to activity in areas of existing research activity and areas for development. It could also be used to provide training to allow staff to develop the skills to become research active].
- existing Faculty members who are "between grants";
[It is expected that network staff will contribute to a number of studies in their specialty area or hospital/practice. The time spent supporting these studies may vary depending on a number of factors such as variations in numbers of eligible

patients (planned and unplanned) and delays associated with studies closing before a new study opens. Network related NIHR FSF could provide funding to support network staff during less active periods and thus help maintain stability within the network workforce. This is applicable for any type of staff].

- the time of Faculty members in preparing grant proposals;
[This criteria does NOT apply to research networks. The role of the Network is to provide infrastructure to support portfolio studies. Network infrastructure can not be used to support the development of new research protocols or to commission research].
- the time of Faculty members in contributing to the wider research endeavour (e.g. membership of peer review panels);
[Examples in the network context include involvement in Specialty Groups or Clinical Research/Studies Groups; contribution to other national groups or projects; provision of expert advice].
- the research-related time of NHS-employed administrative and secretarial staff that are supporting Faculty members in their NIHR-related work.

Allocation

Whilst network related NIHR FSF allocations are paid to each LRN/CLRN *via* the NHS Host Organisation for that LRN/CLRN, it is *not* funding for the Host Organisation. The LRN/CLRN Director is responsible for the distribution and management of this funding and must set up transparent arrangements for its allocation.

It is envisaged that network related NIHR FSF funding will be allocated throughout the course of the year in response to need, and informed by the LRN/CLRN organisational structure, priorities and current and planned activity. The UKCRN CC will not require LRN/CLRNs to provide a detailed plan for the use of this money prospectively. Networks will, however, be required to report on the use of their NIHR FSF allocation as part of their year end financial report.

The process by which the LRN/CLRNs will allocate this resource has to be determined locally but in all cases must be transparent and underpinned by the following principles:

- A process should be set up for considering requests for NIHR FSF funding.
- NIHR FSF should be open to all NIHR Associates and potential Associates.
- A clear process should be established for considering requests.
- The Executive Group of the CLRN (or the equivalent Management Group of the TCRN/PCRN LRN) considers requests and takes decisions and will report these on an annual basis to the CLRN Board (or TCRN/PCRN equivalent).
- The period of allocation of resource must be flexible but it is expected that this would commonly be up to one year.
- Requests for funding are considered regularly and frequently.

Actions required

The key actions required at this stage are for LRN/CLRN Directors to:

- Establish an explicit process for allocating network related NIHR FSF funding across their network and include a summary of this process in their LRN/CLRN annual report.
- contact their LRN Host Organisation to agree the arrangements for accessing this funding and for budget management.

Questions and further support

We anticipate that LRN/CLRNs will have questions regarding the use of NIHR FSF, particularly at this early stage of NIHR FSF roll-out. We will collate questions and then provide responses in the form of FAQs accessible via the UKCRN website.

Questions, or reports of any difficulties in accessing this funding, should in the first instance be sent to Christine Oxnard at UKCRN CC (c.oxnard@ukcrn.org.uk).

With best wishes

A handwritten signature in black ink that reads "Nancy Lester". The signature is written in a cursive style with a long horizontal stroke at the end.

Nancy Lester
Director of Operations

Encl.