

NIHR CRN RESEARCH DELIVERY FUNDING RECOVERY POLICY

Document No R&I P04

Specific staff groups to whom this policy directly applies	Likely frequency of use	Other staff who may need to be familiar with policy
R&I department; Clinical researchers; Finance department	Occasional	Directorate management teams

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Summary of changes since the previous version	Policy has been incorporated into new policy template.
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1.0 Executive Summary

This policy sets out the background and process for recovering National Institute for Health Research Clinical Research Network (NIHR CRN) research delivery funding.

Research delivery funding is restricted for use against service support costs incurred during delivery of NIHR portfolio research only. The Trust receives an annual allocation of NIHR CRN research delivery funding from the West of England Local Clinical Research network. All research at the Trust is overseen by the R&I Office.

Key Risks: financial and reputational.

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2.0 Policy Statement

- 2.1 This policy sets out the circumstances and process for recovering National Institute for Health Research Clinical Research Network (NIHR CRN) research delivery funding against staff time when R&I department staff are used for non-research activities.

3.0 Purpose of the Policy

- 3.1 It is a contract requirement of income received from Department of Health, NIHR Clinical Research Networks and many grant funders that research funding must be transparent, auditable and ring-fenced for research. It must not be used to subsidise NHS services (and this includes CRES). The background to this is described in the paper "*Background to NHS Research Finance Sources, contract requirements and relevance to CRES*".
- 3.2 R&I employs a large number of research nurses, allied health professionals (AHPs) and administrative staff (the infrastructure) based within the R&I Office and the Clinical Research Centre.
- 3.3 R&I runs a mixed funding model across the infrastructure. Funding is combined from a number of different sources providing flexibility across the workforce allowing staff to work across number of different areas.
- 3.4 Combined funding includes grant funding, NIHR CRN research delivery funding, NIHR Research Capability Funding (RCF), commercial research income and other (non-commercial non-NIHR) research income. Staff within the infrastructure work across all of these funded areas.
- 3.5 In emergency situations non-essential R&I department staff may be redeployed to work across non-research activities as per the Trust's Business Impact assessment and Business Continuity Plan (BCP). Appendix 1 sets out the West of England Local Clinical Research Network's recommendations for redeployment of R&I department staff. More detailed guidance specific to the Trust is available in the BCP.
- 3.6 As per paragraph 3.1 above and Appendix 1, it is a contract requirement to use NIHR CRN research delivery funding for research purposes only, and the use of staff funded from this source for non-research activities must be reimbursed.
- 3.7 Commercial research income and other research income can be used efficiently and does not contractually require reimbursement (provided activity is delivered). Commercial research income contains an element of capacity building overheads that can be used flexibly.

4.0 Scope of the Policy

- 4.1 This policy applies to the redeployment of all R&I department staff to non-research activities.

5.0 Definition of Terms

Term	Definition
R&I department staff	Staff employed within the Research & Innovation (R&I) department at the Trust. R&I department staff are formally line managed through the R&I department and sit within the R&I organisational chart. Staff roles relate to the support, conduct and delivery of research activity at the Trust.
Non-research activity	Activities conducted at the Trust that are not supporting, conducting or delivering research activity. These activities are different from the activities R&I department staff are employed to do under standard job descriptions.

6.0 Roles and Responsibilities

6.1 Redeployment of R&I department staff to non-research activities must be approved by a senior manager from the R&I department or their delegate, as set out in the BCP (copies in R&I office, CRC and Emergency Planning Unit).

7.0 Procedure

7.1 Short term Emergency redeployment of Research funded infrastructure (less than 24h period)

7.1.1 Reciprocal working (clinical staff delivering research activity unfunded on an ad hoc basis) across the organisation allows non-essential research funded staff to perform other duties for up to 24h with no income recovery being required

7.2 Mid-term redeployment of Research funded infrastructure (less than 5 day period)

7.2.1 Commercial research income and other research income provides sufficient funding to allow non-essential research funded staff to perform other non-research duties for up to 5 days with no income recovery being required.

7.3 Long term redeployment of Research funded infrastructure (greater than 5 day period)

7.3.1 Where staff remain redeployed after a 5 day period, reimbursement for their time worked on non-research activity will be required.

7.3.2 Reimbursement will be claimed against a reduction in embedded funding in that financial year where the organisation is not able to give accrued time back to research.

7.4 Frequent short to mid-term redeployment of Research funded infrastructure (greater than 5 days within a financial year)

7.4.1 Where staff have been redeployed for a total of 5 days within a financial year reimbursement will be required for any subsequent time worked on non-research activity.

7.4.2 Reimbursement will be claimed against a reduction in embedded funding in that financial year where the organisation is not able to give accrued time

back to research..

8.0 Monitoring Effectiveness

8.1 The below table details the monitoring procedures in order that the Trust can be assured that compliance with a policy is being met.

What will be monitored	Monitoring/ Audit method	Monitoring responsibility (individual/group/committee)	Frequency of monitoring	Reporting arrangements (committee/group the monitoring results are presented to)	How will actions be taken to ensure improvements and learning where the monitoring has identified deficiencies
The redeployment of R&I department staff to non-research activities	Research Matron will confirm with each band 7 research team lead at their bi-monthly meeting if delivery staff have been used clinically. This is recorded against the meeting minutes and escalated to R&I senior team.	1: Research Matron will check at all band 7 1:1 meetings which are bi-monthly. 2: Research Matron will feedback to R&I senior team.	R&I Senior management team will monitor this monthly assessing the data provided by the Research Matron.	Data will be reviewed monthly by the R&I Senior management team and escalated to the Research & innovation Group if required.	R&I Senior management team will review data provided by Research Matron. If required the Research Matron and Research Operation Manager will meet with clinical managers to highlight the policy and ensure they are supported in remaining compliant.

9.0 Associated Policies/documents

- Appendix A: NIHR Clinical Research Network: West of England Recommendations for Redeployment of Research Staff in time of Clinical Crisis

10.0 References

- www.nihr.ac.uk/nihr-in-your-area/west-of-england
The NIHR Clinical Research Network: West of England is the regional presence of the NIHR Clinical Research Network, delivering clinical research across Bath and North East Somerset, Bristol, Gloucestershire, North Somerset, South Gloucestershire, Swindon and Wiltshire (excluding south Wiltshire).

Appendix 1

NIHR Clinical Research Network: West of England Recommendations for Redeployment of Research Staff in time of Clinical Crisis

1. Who would agree research nurse redeployment?

Recommendations are a discussion between the trust lead/senior research nurse and head of Research and Innovation departments.

1.1 Who makes assessment that current research visits can be deferred?

Discussion between the research nurse team lead, R&I and principal investigator for each study.

1.2 Trigger points

This is the point at which the outpatient department staff are asked to attend wards. Prior to that research nurses on the bank could be asked to look at doing bank shifts – impending need is communicated to them.

Black escalation is not high enough; winter pressures are part of the annual cycle of health care and have to be provided for within the trusts annual planning. Similarly, if redeployment of research staff is part of the major incident plan, this has to be agreed and built into the plan.

1.3 Difference to pandemic?

Reallocation of research staff during a pandemic to address a pandemic research study will continue with research recruitment; redeployment of research staff due to clinical pressures will reduce research recruitment.

1.4 Cost recovery

Cost recovery should be in place for the second time redeployment occurs during a financial year. The first incident of redeployment is a good will gesture.

1.5 Monitoring the situation

The redeployment of staff should be agreed by Research and Innovation who should keep a record of the staff implications on research delivery. Trigger points must be agreed and written into policy – thus cannot be changes without policy review. Setting trigger points to coincide with other clinical teams will ensure research staff are not an ‘easy option’.

Individual research nurses will be informed of the policy and empowered to say no – it is not their decision to make so they only need to refer to a more senior member of staff.

1.6 Appropriate group to take forward?

Principles of the NIHR Clinical Research Network: West of England recommendations for the redeployment of research staff in times of clinical crisis should be discussed and developed locally within partner organisations with a view of order to incorporating these recommendations into their own policy.

Please Note: There would always be an expectation that research nurses would help when a patient is in need and there is no-one else to do so; this is part of maintaining a good working relationship with the wards and putting the patient at the front of what we do.

2. Clinical Crisis

2.1 Advance warning

Opportunity to plan to provide some support (e.g. union's day of action)

Research nurses arrange their schedules, under the direction of their team leader, to allow one (or more, if appropriate) person per team to be available for clinical work. List of staff and their availability for early/late/long day is then given to clinical nurse management who can call upon the listed members of staff.

2.2 No advance warning

Research staff can be drawn upon as a resource at the same point in time as outpatient staff are called upon. This would halt the recruitment to studies on that day; continuing with follow up appointments would be decided by the team lead and Principal Investigator.

2.3 Considerations

Research staff should not be placed to work on closed wards if there is a risk of picking up infection and then being off sick or then being in contact with vulnerable research patients. The nurses themselves should be up to date with mandatory training etc. and feel competent to undertake the activities on the wards they are asked to work on.

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