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|  | E-mail: natalie.owen@dhsc.gov.ukXX March 2024 |

Dear Research and Development Directors,

I’m writing to set out the details for the DHSC policy which was sent to NIHR Infrastructure Directors in September 2023 from Louise Knowles (former Deputy Director of Research Capacity and Growth in DHSC) on the Research Reset Programme next phase. The letter, set out at the end of this letter, stated that, NHS trusts, and their primary university partner, may be assessed on their ability to actively manage their research portfolios with funding for infrastructure competitions limited for trusts and universities who don’t have around 80% of NIHR CRN portfolio studies delivering to time and target. This policy is set out in detail below.

**What studies are included?**

All open, sponsored studies are included within this policy. We appreciate that the target is a snapshot in time so to mitigate against variation in the figures for proportion of studies delivering to time and target, we will use quarterly data both for the baseline (FY 2023/24 Q2) and an average of the last four quarters in the run up to the competition launch (where possible).

**Infrastructure with variable funding**

For infrastructure competitions where applicants can apply for variable levels of funding, such as Biomedical Research Centres (BRCs) and Clinical Research Centres (CRFs), those not meeting the criteria above may only be allowed to apply for up to 90% of their **current** funding award. For example, a BRC in receipt of £50m over five years would be able to apply for no more than £45m. Both the NHS trust and primary University partner (defined as the employing HEI of the Director, if appropriate) are in scope; if either isn’t meeting the 80% target, the funding cap will apply.

**Infrastructure with fixed funding**

For infrastructure competitions where applicants can apply for funding up to a fixed amount, such as Applied Research Collaborations (ARCs), Commercial Research Delivery Centres (CRDCs) (new name for the Patient Recruitment Centres), HealthTech Research Centres (HRCs) and Patient Safety Research Centres (PSRC), those not meeting the 80% criteria may only be allowed to apply for up to 90% of the funding envelope set out in the guidance for that scheme. For example, if the funding envelope for each ARC was £10m over five years, they would only be able to apply for up to £9m; if the funding envelope was £100m per ARC, only £90m could requested.

**What is the definition of progress?**

The letter also stated, ‘This will consider whether portfolios are at/near 80%, or, if not, there is demonstration of significant progress from a baseline of September 2023 towards this target.’ ‘Progress towards’ is defined as an increase towards the target of at least 10% from September 2023 to the time of the competition. For example, if the proportion of studies being delivered to time and target in ’Random Trust’ was 69% in September 2023, significant progress would mean it should be at least 76% when the competition launches.

**What do I need to do?**

DHSC (through the NIHR) expects that research Sponsors should manage their portfolios (those studies on the CRN portfolio). As part of this, they are required to keep the data relating to their studies up to date. The data should reflect the true performance of the studies’ trajectory and give a valid picture of recruitment to time and target. To do this, Sponsors are asked to give a quarterly return on their studies through the Sponsor Engagement Tool (formerly Reset app) – are their studies ‘on-track’ or ‘off-track’? If the studies are ‘on-track’ this will turn the study ‘green’. If the studies are ‘off-track’, it signals to the CRN/RDN that support is required. This helps the LCRN/RRDNs to work out where to put their resource – chasing research sponsors on their portfolio is not a good use of their time or effort.

It may occur to Sponsors that they can simply mark their studies as ‘on-target’ but as stated above, they will not receive any help. We are aware that some studies run into delays and some of these are known-unknowns as in the case of studies on rare diseases. This is also more common for multi-centre studies, where sites onboard over time and on occasion there will be a delay to one site that puts the study off-track. In the case of expected delays where the study Sponsor is clear on the trajectory and content that the issues will be resolved, they should go into the Sponsor Engagement Tool, or email their LCRN to request a change to the end date of the study (as agreed with the study funder) on the Central Portfolio Management System. This will then be marked on the system as ‘on-track’, and the study will be deemed as not in need of resource.

If a sponsored study is deemed no longer feasible, Sponsors can remove the study from the portfolio and work with the research team and the funder to close the study. Once off the portfolio, it does not count towards the proportion of studies on- or off-track. If Sponsors consider the data on the system is poor, it’s the responsibility of the Sponsor to address it – it’s your data.

We’re hugely grateful for the efforts of trusts during Reset to support their sponsored portfolios back to feasible levels and we’re sure that no-one would want this to slip. If Sponsors can keep on top of their data, this policy will not have to be enacted, which would be ideal for everyone.

I hope this is clear but if you have any questions, please do let me know. We will keep this policy under review.

Yours Sincerely,



Dr Natalie Owen

Head of NIHR Research Infrastructure

Department of Health and Social Care

