



# Health Research Board

## About the HRB

The Health Research Board (HRB) is the lead agency in Ireland supporting and funding health research. The organisation also maintains health information systems and conducts research linked to national health priorities. Our aim is to improve people's health, build health research capacity, underpin developments in service delivery and make a significant contribution to Ireland's knowledge economy.

## Core areas of work

### Funding health research

Funding and supporting innovative health research to improve health, prevent illness and combat disease is central to the HRB's mission. The HRB currently has a portfolio of research investments worth €100 million in hospitals, universities, institutions and charities on the island of Ireland.

### Hosting information systems

The HRB is responsible for managing five national information systems. These systems ensure that valid and reliable data are available for analysis, dissemination and service planning. The data from these systems are used to inform policy and practice in the areas of disability, drug and alcohol use and mental health.

### Conducting research

Our main areas of in-house research include children's health, mental health and alcohol and drug use. The research that we have undertaken provides evidence for changes in the approach to service delivery. It also highlights the requirement for additional resources to support people who need services for drug and alcohol misuse, mental health conditions and intellectual, physical and sensory disabilities.

## Mission and objectives 2001–2006

### To improve health through research and information

In 2006 the Health Research Board continued to deliver successful results in line with the objectives of the Corporate Strategy 2002–2006:

- To encourage the creation and application of knowledge for health and social gain, the growth of intellectual property and evidence relevant to health and social gain and the emergence of a knowledge-based health system, economy and society.
- To be the lead national organisation in relation to support for scientific research for health and social gain, including basic and translational research, health services research, population health and practice-based research.
- To promote the growth of a value-added research and development capability in the health system, in partnership with other relevant health organisations.
- To impact on health and social policy and services through high-quality research and information.
- To be the main advocate for the development of research for health and social gain.
- To make the HRB an employer of choice in its field.

# Health Research Board

Annual Report 2006



Published by:  
**Health Research Board**  
73 Lower Baggot Street  
Dublin 2  
Ireland

t +353 1 234 5000  
f +353 1 661 2335  
e [hrb@hrb.ie](mailto:hrb@hrb.ie)  
w [www.hrb.ie](http://www.hrb.ie)

© Health Research Board 2007

ISSN: 0791 220X

## Contents

Board Members in 2006	4
Chairman's Statement	5
Chief Executive's Report	7
The year at a glance	9
Key activities and achievements in 2006	10
Research strategy and funding	10
Information systems and in-house research	16
Corporate developments	19
Working in Partnership – a look at some collaborative work	21
List of publications	24
Summary of accounts	27
Appendix 1	31
Organisational review international panel members	

## Board members in 2006

### **Professor Desmond Fitzgerald (Chairman)**

Vice-President for Research  
University College Dublin

### **Dr Bernard Mahon**

Director, Institute of Immunology  
National University of Ireland, Maynooth

### **Dr Rebecca Cramp**

Scientific & Regulatory Affairs Manager  
Irish Pharmaceutical Healthcare Association

### **Professor Owen Corrigan**

School of Pharmacy  
Trinity College, Dublin

### **Professor Tom Cotter**

Department of Biochemistry  
University College Cork

### **Mr Niall Daly**

McNulty Boylan and Partners, Solicitors  
Cork

### **Mr David Doran**

Chief Executive, The Children's Medical  
& Research Foundation  
Our Lady's Hospital for Sick Children

### **Professor William Hall**

Professor of Medicinal Microbiology  
University College Dublin

### **Mr Tom Mooney**

Deputy Secretary, Finance  
Department of Health and Children

### **Professor Dermot Kelleher**

Department of Clinical Medicine  
Trinity College Dublin

### **Dr Kevin Kelleher**

Assistant National Director  
Population Health – Health Protection  
Health Service Executive

### **Professor Hannah McGee**

Director, Health Services Research Centre  
Royal College of Surgeons in Ireland

### **Professor Tim O'Brien**

Department of Medicine  
National University of Ireland, Galway

### **Professor Tony Pembroke**

Dept of Chemical & Environmental Sciences  
University of Limerick

### **Professor Anne Scott**

School of Nursing  
Dublin City University

### **Professor Bob Stout**

Director, Research and Development Office  
DHSSPS, Northern Ireland



“In 2006 there were major developments that will shape the future of health research in Ireland.”

## Chairman's Statement

Major developments that will shape the future of health research took place in Ireland in 2006. The Government's Strategy for Science, Technology and Innovation identified national priorities for health research. Expanding on those priorities, the report of the Advisory Council for Science, Technology and Innovation (ACSTI) set out an agenda for achieving a step change in the level and quality of health research in Ireland. The Health Research Board (HRB) developed its Corporate Strategy 2007–2011 to reflect the strategy's priorities for health research and to embrace the opportunities and challenges inherent in the step change recommended by the ACSTI.

The ACSTI report, *Towards better health: Achieving a step change in health research in Ireland*, outlines an integrated, competitive health research agenda. It recognises the potential that research has to improve people's health, to create a better health system and to help embed the healthcare industry here in Ireland. The HRB will work with other agencies to help realise the vision outlined in the report, which is 'to *drive a step change in the level and quality of health research, to enhance the health and wellness of the population and to build an international reputation for Ireland in health research through excellence and innovation*'.

The HRB has taken steps to put in place a strong infrastructure to support developments in health research.

Key achievements in 2006 included:

- Partnering the Wellcome Trust in the creation of a clinical research facility in Ireland that will support experimental medicine and ultimately improve the health of patients. The investment of €20 million in this HRB/Wellcome Trust Clinical Research Facility and its associated network in Dublin is a mark of the excellent international reputation of Irish clinical research. The research team, led by Professor Dermot Kelleher on behalf of the Dublin Molecular Medicine Centre, must be congratulated for their highly competitive proposal, which was described by the international scientific advisory committee as 'outstanding'.
- Engaging with the Health Service Executive to secure funding for the building costs of clinical research facilities in Galway and Cork. The HRB will fund the operating and research costs of these facilities for a five-year period.
- Co-funding, with the Health Service Executive, the set-up costs of the Irish Clinical Research Infrastructure Network (ICRIN). ICRIN will provide a framework for co-operation between the proposed clinical research facilities and other groups engaged in clinical research so that maximum value can be added to the Wellcome/HRB/HSE investment for the benefit of Irish patients and the profile of Irish clinical research.
- Securing an additional €10m for health research in 2007–8 under the Government's Strategic Implementation Plan.

- Ensuring that health research was featured in the *Strategy for Science Technology and Innovation* and in the National Development Plan.
- Taking further action to increase the number and quality of post-doctorate researchers in Ireland by launching a second call to institutions to host a HRB PhD Scholar programme. The call focused on the areas of clinical and biomedical science, health services research and epidemiology and public health. This will help support the government objective to substantially increase the number of researchers in Ireland by 2013.
- Agreeing a memorandum of understanding with the Department of Foreign Affairs, whereby the HRB agreed to work with Irish Aid in inviting applications for funding for research on global health issues related to the policy areas of Ireland's development assistance programme. Over €2 million was awarded to successful projects.
- Co-funding the first joint call for research projects that are closely linked to improved patient care with the Medical Research Charities Group.
- Appointing the third HRB clinician scientist, Dr Peter Kelly, Mater Hospital, an expert in the care of patients who have suffered a stroke.

The HRB's influence is also extending into Europe. This year, the Chief Executive successfully chaired the Working Group on Biology and Medical Sciences of the European Strategy Forum for Research Infrastructures in preparing a European Roadmap for Research Infrastructures. The Roadmap, published in October 2006, presents 35 large-scale research infrastructures across a range of disciplines which are required by European scientists to do cutting edge research over the next 10–15 years. This is a big step forward for European science. It is the first time that Europe has identified and prioritised the research infrastructures needed to give

European science a competitive edge over Asia and the US. It is also good to see that the infrastructures identified for biology and medical sciences at European level fit neatly with infrastructure priorities that the HRB has already identified for Ireland.

I would like to pay tribute to Dr Barrington for the key role she has played in raising awareness of the importance of health research over the past nine years. This is evident through the major increase in HRB funding that is available. She has been an ambassador for health research, both nationally and internationally, in face of major changes. I wish her well for whatever challenge lies ahead.

I would also like to thank my fellow board members and HRB staff for their support and commitment. I appreciate their advice and direction with regard to the HRB Corporate Strategy 2007 – 2011 in particular.

The climate for health research in Ireland has never been better. We now need to work even more closely with the Department of Health and Children and the Health Service Executive to make sure that the support and resources are available to build capacity, support career paths in research and develop research programmes that will benefit patient care and contribute to the knowledge economy.



**Professor Des Fitzgerald**





“The HRB has earned widespread regard from key stakeholders for delivering on its mission and for the quality of its research evaluation and funding processes.”

## Chief Executive's Report

The HRB has earned widespread regard from key stakeholders for delivering on its mission and for the quality of its research evaluation and funding processes. This is confirmed by the report of the international review panel (see appendix one) which examined how the HRB was performing and provided advice on its future development. The report of the panel, presented in January 2006, confirmed that:

- The HRB is addressing challenges effectively and appropriately, despite resource constraints and the limited size of the organisation.
- Other research funding organisations are unanimous in acknowledging the importance of the role of the HRB in research funding.
- The HRB is playing an important role in North/South co-operation.

The review panel reported that the organisation has reached a very promising stage in its strategic development, but that the environment in which the HRB is working has changed radically in the past 10 years. The panel suggested that the HRB seize the opportunities created by the changes in the research environment and recommended some internal reorganisation:

- a greater strategic focus by the Board
- the reorganisation of management structures around research funding, health information and in-house research and corporate function

- the development of existing HRB processes to reflect change.

The Board adopted the panel's report and the HRB developed a quality improvement plan to put the panel's recommendations into effect. By the end of the year, the HRB had been restructured into three Directorates based on our core functions, and key processes were realigned, with the objective of increasing the strategic capacity of management and the decision-making capacity within the organisation.

A major achievement during the year was the development of a new corporate strategy to provide direction for the period 2007–2011. The Board led in preparing the new strategy, taking into consideration the rapid changes in the external environment and the recommendations of the organisational review panel.

The challenge in developing our strategy was to balance our roles in addressing the research and information needs of the health service, in supporting the universities to conduct world-class research and in ensuring that health research contributes to the knowledge economy and society in Ireland. We consulted with key stakeholders on the draft strategy. We explored and discussed many of the issues to be addressed in the strategy at our first national conference in Dublin Castle in June. The publication of the Government's *Strategy for Science Technology and Innovation* also provided an excellent backdrop to the HRB's work in defining its vision, mission, objectives and

high-level actions. The Corporate Strategy 2007–2011 was adopted by the Board in November 2006 and is available on the HRB website at [www.hrb.ie](http://www.hrb.ie). The management team has developed an implementation plan that will help ensure that we deliver on the ambitious targets of the strategy over the next five years.

Our Chairman has mentioned some of the HRB's key achievements in 2006. Other important initiatives taken by the HRB in 2006 include:

- Commissioning studies, in association with the HSE, to measure the impact of demographic change on demand for and delivery of health services and to develop a resource allocation model for the health service.
- Commissioning a study on the prevalence of chlamydia in the Irish population on behalf of the Health Protection Surveillance Centre of the HSE.
- Investing €40 million to support health research. This will be spent on developing people's skills, providing infrastructure and supporting new research projects related to health.
- Establishing in-house research programmes in health inequalities and problem alcohol use.
- Introducing a new seminar, 'Let's talk health research', to help the next generation of health researchers develop the skills to communicate their research more effectively.
- Publishing a wide variety of research publications in the areas of mental health, child health, drug misuse and disability.

In September, I informed the Board that I would step down as Chief Executive at the end of May 2007. I would like to thank the members of the Board and, in particular, the Chair, Professor Fitzgerald, for the support, encouragement and leadership they have provided for the organisation during the past five years.

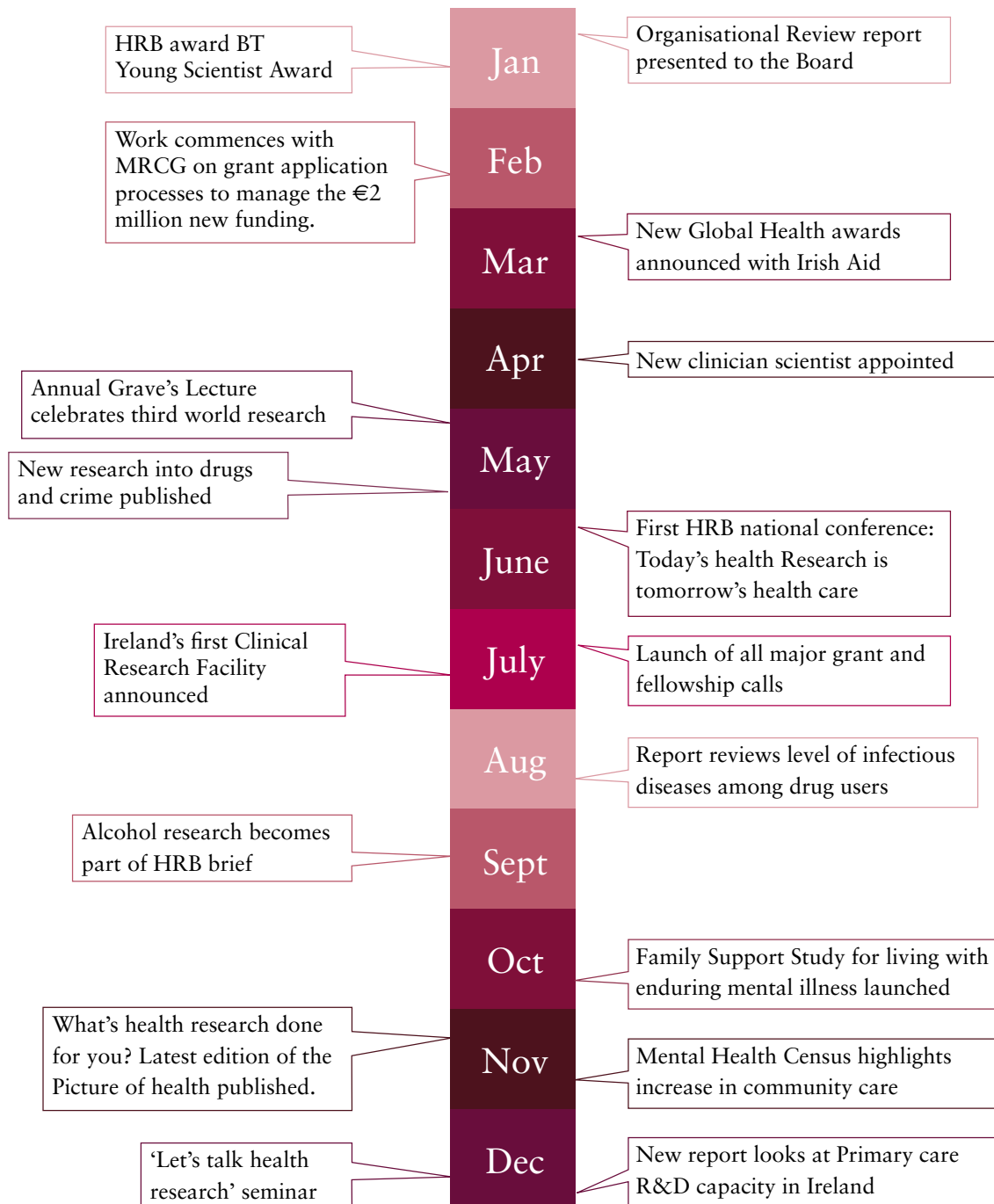
I commend the staff of the HRB, and especially my colleagues on the management team, for their extraordinary commitment to our mission to improve people's health and develop our health services. It is this commitment, underpinned by hard work, which has brought the organisation to its present state of development. I wish the Health Research Board every success in the challenges and opportunities that present for health research in the future.



**Ruth Barrington PhD**

## The year at a glance

This diagram shows 'at a glance' some of our core deliverables in 2006. It also highlights some of the significant developments in the external environment which will have an impact on the HRB



### Major external events

**June** Government Strategy for STI launched    **Aug** HIQA CEO appointed    **Nov** Step change for health research report, ACSTI



## Key activities and achievements in 2006

### Research strategy and funding

The HRB currently supports a research portfolio of €100 million for projects throughout the island of Ireland. We support a broad range of health research that we hope will improve links between the laboratory and the delivery of patient care – we want to bring research and development to life. Our funding is therefore

focused on building up people's research capability, providing relevant equipment and infrastructure and supporting research programmes in a wide variety of areas. During 2006, new awards in health research amounted to more than €40 million. We received a total of 1,149 applications for funding across grant and training schemes and we made a total of 535 awards.

Table 1 Summary of funding awarded in 2006

Award schemes 2006	Applicants (n)	Awards (n)
<b>Career support schemes and capacity building</b>		
Summer Student Scholarships	135	70
NCI Summer Curriculum (Cancer Consortium)	35	25
Post-Doctoral Research Fellowships	50	8
Clinical Research Training Fellowships	37	7
Health Services Research Fellowships	20	4
Clinical Fellowships in Nursing and Midwifery	16	4
Research Fellowships for the Therapy Professions	21	5
Cancer Prevention Fellowship (Cancer Consortium)	1	1
Cochrane Fellowships	5	3
Clinician Scientist Awards	4	1
<b>Research grants</b>		
Project Grants	339	75
Building Partnerships for a Healthier Society Awards	17	6
HRB/ Medical Research Charities Group Co Funding	42	33
Translational Research Awards	22	4
Junior Clinician Scientist for Nursing and Midwifery	3	2
Global Health Research Awards	16	6
<b>Career support schemes and capacity building</b>		
<b>Infrastructure grants</b>		
Additional Capital Awards	74	74
Autism Genome Project	1	1
Irish Clinical Research Infrastructure Network	1	1

Award schemes 2006 cont...	Applicants (n)	Awards (n)
<b>Training and workshops</b>		
HRB Scientific Writing Workshops	133	80
Half-day Introduction to The Cochrane Collaboration	53	53
Cochrane two-day course on systematic reviews	121	68
Nursing Clinical Trials Training (Cancer Consortium)	3	2
<b>Commissioned projects</b>		
Research into the optimal setting for chlamydia screening in Ireland		1
Nursing and Midwifery Research Priorities studies		1



External view of the clinical research facility

## Infrastructure

Infrastructural investments in 2006 focused on the development of clinical research facilities. We also saw the introduction of state-of-the-art imaging equipment based on awards made during 2005.

In June the HRB/Wellcome Trust Clinical Research Facility (CRF) was announced. The aim of the facility is to provide the infrastructure – the physical space, facilities and the experts – needed to support patient-focused research studies. The joint investment by the Wellcome Trust and the HRB will be of the order of €20 million over the next five years.

This investment is a major boost for clinical research and patient care in Ireland and it will provide a world-class environment for patient-focused research with real benefits for patients. The CRF will provide a means for clinicians, the healthcare industry and other key partners to test innovative therapies, technologies and products and increase the speed at which

scientific discoveries and innovations can be translated into improved patient care.

Based in St James's Hospital, the CRF will provide patients with access to the latest advances in diagnosis and treatment of conditions such as cancer, neuro-psychiatric disorders and infectious diseases. It will also connect with new and emerging facilities at other Dublin teaching hospitals by means of a city-wide clinical research network which is being established to help ensure that the greatest number of patients will benefit from clinical research in the most cost-effective manner.

The facility is expected to open in March 2009. The successful proposal came from three Dublin medical schools at Trinity College, University College Dublin and the Royal College of Surgeons in Ireland and their affiliated teaching hospitals. The proposal was led by Professor Dermot Kelleher, based at Trinity College/St James's Hospital, and was co-ordinated through the Dublin Molecular Medicine Centre.

## Imaging equipment

The HRB awarded €4 million in 2005 to a new all-Ireland clinical research consortium, *Perinatal Ireland*, to provide essential ultrasound equipment and support staff to carry out a research programme which aims to reduce sickness and mortality of babies before and soon after birth. *Perinatal Ireland* is a multi-centre research collaboration between leading consultant obstetricians in eight of the principal maternity hospitals across the island of Ireland and led by the Royal College of Surgeons in Ireland (RCSI).

Work was well under way during 2006 to introduce the equipment to all hospital sites. A primary objective of *Perinatal Ireland* will be to use the latest ultrasound technologies and equipment to enhance observation and improve the detection of abnormalities while the baby is in the womb. The HRB is funding the ultrasound equipment and computer hardware, image analysis equipment and dedicated research personnel.

## Careers

Encouraging the best people into research is competitive and in Ireland there is a real need for people to be able to see a clear career path. Two HRB initiatives that will help to achieve this are the extension of the Clinician Scientist Awards and the PhD Scholar schemes.

The HRB appointed a third Clinician Scientist during 2006. Dr Peter Kelly is a medically qualified researcher who will be released from his service commitments to dedicate time to patient-centred research. Dr Kelly will examine a population-based prospective cohort to help predict recurrent stroke after a transient ischaemic attack or first incidence of stroke.

We also announced new funding for the appointment of up to four more Clinician Scientist positions in 2007. This will more than double the existing complement of Clinician Scientists in Ireland, which is a real step forward.

A new call was issued to institutions

interested in hosting PhD scholar programmes in clinical and biomedical science, health services research or epidemiology and public health. Up to €5 million is available for each successful application.

The HRB was one of the first Irish research agencies to respond to concerns about the quality of PhD training in Ireland by launching a pilot PhD scholars training scheme in 2004. These pilot sites are now considered to be a strong model for the development of PhD training, so it is a strategic move to extend the scheme and contribute to the national goal of increasing the number and quality of PhD researchers in Ireland.

## Projects

The extent and variety of research supported by the HRB is extensive, so we cannot capture every success story here. The examples below illustrate some of the results that emerged from our funded research projects during 2006, along with some new projects funded in 2006 which have great potential to yield important results.

### ■ Summary of funding outcomes in 2006

During 2006, 58 of the projects that we fund were completed. We have been evaluating the impact of this research by measuring the number of publications that were produced, the number of conferences people were invited to speak at and how many lead to further funding. This is illustrated in more detail in the table overleaf.

Grant holders were also successful with regard to collaboration, ensuring their findings influenced policy, using novel research techniques. Sixteen of the 58 grant holders received national or international awards for their work.



**Table 1 Outputs from projects completed in 2006**

Combined outputs	Quantity			
	58			
Grants completed 2006				
	Peer reviewed	Mean per project	Other	Mean
Publications	104	1.7	64	1.1
	National	International	Total	Mean
Presentations – Oral	55	74	129	2.2
Presentations – Poster	72	102	174	3
Total abstracts published in conference proceedings	137			
Successful applications for additional funding	27			
	Applied		Plan to Apply	
IP applications	4		3	

## Results of some of our funded research published in 2006

### Motor neurone disease breakthrough

Dr Orla Hardiman, consultant neurologist at Beaumont Hospital and senior lecturer at the Royal College of Surgeons in Ireland, led an international team that recently identified a gene that causes motor neurone disease (MND) in some people. The breakthrough is shedding light on the root causes of the crippling condition and could one day deliver a new treatment. The RCSI has filed a patent to search for a potential drug.

### Prescribing indicators for GPs

Developing quality prescribing indicators that reflect the everyday use of medicine and are acceptable and applicable in the Irish healthcare system was the focus of research completed by Professor John Feely of the Department of Pharmacology and Therapeutics in Trinity College Dublin.

Professor Feely's study revealed that:

- Quality prescribing indicators are feasible and generally acceptable to GPs.
- The HSE Primary Care Reimbursement

Services database could provide feedback to GPs on their prescribing practices as a routine service and further improve the general quality of prescribing nationally.

- There is evidence of social inequalities with regard to the standards of prescribing in vulnerable populations.
- It is possible to identify areas where a therapy has been omitted on a national basis and by combining survey and practice data it is possible to identify a 'knowledge deficit'.

The research shows that it is possible to enhance knowledge in this area by way of directed bulletins. Professor Feely has given a preliminary presentation of his research to the HSE and has encouraged the development of an ongoing forum of education about GP prescribing in the community.

### MRSA discovery

There was considerable excitement during the year when scientists from NUI Maynooth discovered a new group of antibiotics that could be effective against drug-resistant infections – and could

therefore have enormous potential for the treatment of MRSA. In the course of Professor Bernard Mahon's HRB-supported study of how asthma develops, his team noticed a naturally occurring, mild antibiotic in the lungs. The team used a number of advanced techniques to develop the compound until it was much stronger and able to disrupt the cell walls of bacteria such as MRSA. The novel compound is less likely to provoke adverse reactions than existing treatments as it is based on a naturally occurring human substance. The team has engaged with Enterprise Ireland to help scale up production of the antibiotic for potential application.

#### **HRB funding provides critical stepping stone**

A HRB-funded project, valued at approximately €200,000, has led to a €3.3 million award under the Nanoscience, Nanotechnology and New Materials programme in the European Union's Sixth Framework Programme (FP6). The HRB project grant, originally awarded in 2002, involved the characterisation of biomaterials using advanced methods of transcriptomics and proteomics. The initial project was led by Professor Kenneth Dawson and Dr Iseult Lynch of the Department of Chemistry in UCD and Professor William Gallagher of the Conway Institute, UCD. Up until 2002, little work had been done on the detailed intra- and inter-cellular process triggered by contact of cells with foreign material.

Professor Dawson believes that the HRB funding of this project contributed to its success in achieving the FP6 award as it allowed the researchers to develop and apply novel 'omics' methods to the question of protein-material interactions to a standard that showed the effects of the materials on biological cells. This research is important as human risk on exposure to nanoparticles is becoming a scientific as well as a global, political and societal concern. An Irish Consortium has been built up involving researchers in UCD, TCD, UCC, UL and NUI Maynooth to deliver the FP6 project.

#### **Key developments in cystic fibrosis research**

Researchers at the Royal College of Surgeons in Ireland and at Beaumont Hospital have identified two possible mechanisms which could treat the root cause and not just the symptoms of cystic fibrosis. Clinical trials have already started, and it is hoped that the first results will become available in 2007. With one in 19 Irish adults carrying the gene for cystic fibrosis, it is the most common life-threatening inherited disease in Ireland. When each parent carries the gene, there is a one in four chance that their child will have cystic fibrosis.

#### **New research projects funded in 2006**

The HRB committed more than €16.6 million for completely new research projects during 2006. More than 200 research projects or initiatives started during the year. They span a wide range of subjects including:

- A random controlled trial on the evaluation of an alcohol intervention programme in a sports setting (Trinity College Dublin)
- An all-Ireland pancreatic case-control study: establishing a data and specimen bank for research into diagnosis, aetiology and survival from cancer of the pancreas (National Cancer Registry)
- A metabolic profiling of epilepsy (University College Dublin)
- Recruitment, adaptation and retention of foreign nurses in Ireland (Royal College of Surgeons in Ireland)
- Providing meaningful care: learning from the experiences of suicidal men to inform mental health care services (Dublin City University)
- Appropriate prescribing in later life (Cork University Hospital)



## Communicating the impact of health research

Communicating the value and impact of health research is essential. If patients and stakeholders do not make the link between research activity and improvements in health care delivery and in patient outcomes, they will not appreciate the importance of continued investment in R&D. Each year the HRB continues to develop initiatives to encourage the research community to explain clearly the outcomes of their research.

*A Picture of Health – A selection of Irish health research 2006.* The aim of this publication is to help us share with the wider public the discoveries being made by HRB-funded researchers. It captures the latest research outcomes and reports them as feature articles. In 2006 we introduced a companion series of short booklets based on these features. These booklets were designed for people with particular conditions, and were circulated through clinics, surgeries and hospitals nationwide. We hope that people who read these booklets will have a better understanding of the link between health research and the delivery of patient care.



### *Let's Talk Health Research Seminar*

–The HRB introduced this new event to develop the communication skills of the next generation of HRB researchers. The event was well received by more than 120 delegates, who took away valuable messages about the importance of communicating their research, how to present their research in a more understandable way to a lay

audience and how to engage media interest in their work.

During the day, a group of finalists selected through a competitive process had the opportunity to present their work and to contend for the Watts Medal or one of the new HRB research communication prizes. The winners were:

**The Watts Medal** - Daniel Yu, who carried out his eight-week project under the supervision of Dr Anne Hopkins at the Conway Institute, Dublin. The title of his presentation was '*Migratory characteristics of cancer cells from in situ versus invasive tumours*'.



### **The HRB Research Communication Awards**

Nollaig Healy, UCC, *Mystique: a new mediator of metastasis and invasion in cancer*

Frank Doyle, RCSI, *Impact of briefly-assessed depression on mortality and heart disease prevention behaviours after heart attack or angina*





## Information Systems and in-house Research

The HRB makes a major contribution to improving health and developing the effectiveness of the health services through our in-house research and information activities. The information systems we manage require ongoing data collection and analysis to provide the most up-to-date evidence for service planning and decision making in relation to drug use, mental health and disability. The real benefit of these databases is that they can draw attention to the areas where additional services are needed most. This is essential information that enables health service managers and policy makers to make more effective decisions about services for people who need them.

In addition to collecting the data, we publish reports that analyse the trends from the information collected. We are also engaged in a variety of research projects in relation to child health, mental health and drug use. Some of the main projects of the year are highlighted below.

### Mental Health Information Systems

The HRB made a strategic move in 2006 to merge two existing mental health databases. The existing system, the National Psychiatric In-patient Reporting System, which records admissions and discharges to inpatient psychiatric services nationally, will be brought together with the community mental health system, COMCAR, which is being developed to record activity in community care facilities. This merger reflects the change in mental health care in

Ireland from inpatient to community-based services. Plans to roll out the new joint system as a pilot project in the Donegal region have been agreed with the HSE.

### HRB psychiatric inpatient Census 2006

The HRB conducted a census of Irish psychiatric units and hospitals on 31 March 2006. The census found that the number of people resident had fallen by 83% in the past 43 years, from 19,801 in 1963 to just 3,389 in 2006. The continuing decline in numbers of long-stay patients is a result of the further development of community care, discharges and long term patients passing away. Given these changes, the authors predict that existing public psychiatric hospitals should be in a position to close by 2010. The key findings of the census can be found on the HRB website at [www.hrb.ie/publications](http://www.hrb.ie/publications).

### Family Support Study

The HRB conducted a Family Support Study which reveals the experiences, needs and support requirements of people who care for a family member with enduring mental illness in Ireland. The exploratory study found that different services are needed by families in order to cope with each stage of the illness; initial encounter, first treatment provision, discharge, relapse and rehabilitation and that there is a lack of formal supports currently available.

The study reveals that people who have a family member with an enduring mental

illness feel socially isolated. Families want to promote the fact that people with a mental illness do get well, and can recover their functioning in the community.

Recommendations emerging from the study focus on the need for:

- improved public understanding of mental illness – this would help integration back into the community and reduce social isolation
- family support at the onset of mental health problems and at various stages throughout the care process
- an approachable mental health services contact, a key co-worker or ‘mediator’, between families, service users and mental health service providers, to help create a continuity of care through each stage of the mental illness
- tailored support services for the family members.

### Blood borne viruses among injecting drug users in Ireland

A new HRB report shows that the number of injecting drug users with HIV, hepatitis B or hepatitis C is higher now than in the early 1990s. Almost 70% of injecting drug users tested positive for antibodies to hepatitis C, and 20% tested positive for hepatitis B. Almost 10% of injecting drug users are HIV-positive.

It is well known that injectors have a higher risk of overdosing or acquiring blood-borne diseases such as hepatitis C, hepatitis B and HIV. This highlights the importance of providing harm reduction facilities for those who continue to inject.

The HRB *Overview* report makes the following recommendations for future research and action:

- Quantify the success and effectiveness of current services, specifically needle exchange, opiate detoxification and opiate maintenance programmes, in stabilising and reducing the incidence of hepatitis C.

- Record risk factors associated with newly diagnosed cases of hepatitis C.
- Create a register to quantify the incidence and prevalence of hepatitis C among all heroin and cocaine users, and facilitate assessment of the main risk factors, treatment uptake and outcomes.
- Adopt strategies to increase the uptake of and compliance with HIV and hepatitis C therapy in prisons and in community settings.
- Estimate the medical consequences of, and interventions required to deal with, hepatitis C among injecting drug users.
- Develop a system to monitor the uptake of hepatitis B vaccine among prisoners, injecting drug users and sex workers.

### The relationship between drugs and crime

The starting point for strategies that aim to reduce drug-related crime in Ireland must be a genuine understanding of the complicated relationship between drugs and crime, according to a new report we published in May. The report aims to inform the development of effective policy responses which could contribute to the reduction of drug-related crime. It analyses the evidence available about drugs and crime in Ireland and suggests areas for further investigation:

- Factors which encourage some drug users into further use and offending behaviour.
- The relationship between the use of specific drugs and drug-related crime.
- Research on:
  - the impact of drug-related crime at the local level
  - drug users who are not in the criminal justice system
  - polydrug use and offending behaviour
  - urban and rural differences
  - alcohol and violent crime
  - the relationship between illicit drug use and offending behaviour

- involving violence
- drug use, crime and gender
- the operation of illicit drug markets, from import level to local level.

## Disability needs identified in two reports

The report on **intellectual disability** reveals that, in spite of significant investment and record levels of service provision, the demand for full-time residential services is at its highest since 2001. This can be attributed largely to the baby boom in the 60s and 70s and the fact that people with an intellectual disability are now living longer. According to the report, which is based on the HRB intellectual disability database, if demand continues at the present rate and additional services are not provided in response, only a proportion of existing and emerging need can be met.

The report shows that in 2006 there were 25,518 people registered on the National Intellectual Disability Database. Almost three in every five (14,668) have a severe intellectual disability. There are more males (57%) than females (43%) registered.

The report highlights a clear relationship between level of disability, age, and type of service available; those who are younger and in the less severe range of intellectual disability tend to be in day care rather than in residential care.

Ninety per cent of people registered on the national physical and sensory disability database (NPSDD) were receiving services in June 2005. A report on these services published in 2006 shows that, despite high levels of service provision, a large number of people are still awaiting assessment for a variety of services, and a large number who have been assessed for services are still awaiting provision of those services.

The NPSDD report is based on information from 22,429 registrations. There are more males (52.5%) than females (47.5%) registered. Approximately two-thirds of all registrations are adults and one-third are children (under 18 years at time of

reporting). The majority of people (79.0%) registered reported a physical disability; 6.7% reported hearing loss/deafness, 5.6% reported a visual disability, 1.4% reported a speech and language disability and just over 7% reported a combination of disabilities.



## Measuring Activity and Participation (MAP)

In 2006, the Disability Databases Unit produced its first bulletin based on Measuring Activity and Participation (MAP) data recorded on the database. The MAP element of the NPSDD form, introduced in 2004, has sections relating to:

- barriers and challenges
- participation in everyday activities, and
- the World Health Organization Disability Assessment Schedule (WHODAS II).

This additional data captures a more holistic picture of the experience and service needs of the person with a disability. MAP Bulletin No. 1 provides an overview of the kind of information that is collected as well as a profile of the people who have completed this section of the data form. Few countries possess data collection tools that capture information in the range and detail recorded by the NPSDD.



## Corporate developments

The Corporate Function team provides specialist skills that help support the effective delivery of HRB services. Working in conjunction with the rest of the organisation, the team helps to identify new areas of opportunity and introduce processes that will improve the quality of service we provide to our customers. Some key organisation-wide activities in 2006 are described below.

### Corporate Strategy

The HRB engaged in major consultation with stakeholders throughout 2006 in the process of drafting the Corporate Strategy 2007–2011. The Strategy was prepared following rigorous analysis of the many changes taking place in the environment in which the HRB operates, taking into account the opportunities that now present for health research in Ireland. It reflects two major changes that have taken place in the past five years: specifically, health research is now at the heart of government policy on science, technology and innovation, and the HRB has a much greater capacity to support health research.

The Strategy outlines six core objectives for the next five years:

- To shape the national agenda for research in health and personal social services.
- To support research and health information systems linked to national health priorities.
- To build capacity for world-class health research in Ireland.
- To advance the contribution that health research makes to a sustainable knowledge economy.
- To increase awareness and understanding of both the impact and value of health information and research.
- To establish Ireland as a significant contributor to international policy on health research.

We will realise the objectives of this strategy by working closely with our partners in the health service, universities, institutions and charities. We believe that the results of our strategy will be seen in a healthier population, a much better health system and an enhanced contribution by health research to the knowledge economy in Ireland.

### Restructuring

The HRB has established a new structure to reflect the services we provide. There are three new directorates:

1. **Corporate Function** oversees the effective and efficient delivery of our support services: finance, legal and governance, IT, HR, communications, and facilities.
2. **Health Information and in-house Research** brings together all our national information systems and research. There are four specialist units in this directorate: mental health research, alcohol and drug research, disability databases and child health epidemiology.
3. **Research Strategy and Funding** unites all our activities related to external funding.



This new directorate comprises three units:

- The Research Management Unit will manage all funding for projects, programmes, career development and training.
- The Research Infrastructure and Special Initiatives Unit will focus on major infrastructure investments such as research centres, facilities and networks.
- The Policy, Evaluation and External Relations Unit will assess the outcomes and impact of HRB-funded research, develop policy relevant to funding and build relations with external funding agencies.

We hope that this new arrangement will make it easier for our stakeholders to engage with the HRB, whether as grant applicants, HRB-funded researchers, independent researchers, service planners or interested members of the public.

## HRB Conference: Today's health research is tomorrow's health care



The HRB hosted a major all-island conference in 2006. The aim of our conference was to inform the future shape and development of health research and policy in Ireland. More than 250 participants from a variety of health and academic disciplines heard, and responded to, speakers who outlined the value of health research and information in achieving:

- better patient care
- more effective health policy and services
- a stronger knowledge economy and society.

The conference was an essential forum which brought together people involved in research, health care, industry and service provision. This dynamic gave rise to animated discussion and exchange of ideas about the future of health research nationally, captured in a consensus statement after the conference.

## Health and safety

During 2006 the HRB employed Nifast to conduct a review of the HRB safety statement and complete a full risk assessment on both our office buildings. These risk assessments are detailed in the safety statement, and many tasks relating to them were addressed during the year. The amended safety statement will be circulated to all staff to sign in 2007.

We are pleased that no health and safety incidents were reported during the course of the year.

## Freedom of Information

The HRB came under FOI legislation in May 2006. The HRB aims to provide as much information as possible so that people do not need to make applications under the Act. Details of how to request information are given on the HRB website at [www.hrb.ie](http://www.hrb.ie). They are also available in our FOI Section 15 and 16 Manual, which can be collected from our offices at 73 Lower Baggot Street, Dublin 2.



## Working in partnership – a look at some collaborative work

### Wellcome Trust

This year, the HRB reinforced its long-term collaboration with the Wellcome Trust when the two organisations teamed up to support a proposal for a Clinical Research Facility in Dublin. The facility will provide the infrastructure – the physical space, facilities and the experts – needed to support patient-focused research studies within a hospital setting and will ultimately improve the health of patients.

The total investment will be in the order of €20 million over the next five years. The investment is a major boost for clinical research and patient care in Ireland, and it will provide a world-class environment for patient-focused research with real benefits for health.

The HRB/Wellcome Trust CRF will be built on the grounds of St James's Hospital. The successful proposal came from three Dublin medical schools at Trinity College, University College Dublin and the Royal College of Surgeons in Ireland and their affiliated teaching hospitals. The competitive proposal was led by Professor Dermot Kelleher, based at Trinity College/St James's Hospital and was co-ordinated through the Dublin Molecular Medicine Centre.

### Cochrane Collaboration

The HRB continued to support excellent opportunities for Irish researchers through Cochrane training and research fellowships. We were also lead sponsors of the Cochrane Colloquium, which met in Ireland for

the first time in 2006. More than 800 health practitioners, patients, information specialists, carers and policy makers from 40 countries converged on Dublin to discuss the importance and impact of research evidence in relation to making everyday decisions about health. The event was also beamed to thousands more people via the internet. Fáilte Ireland estimated that the event was worth more than €1 million to the Irish economy.



### All-Ireland/US Cancer Consortium

In late 2006, the Irish, Northern Irish and American governments renewed their commitment to the historic Ireland–Northern Ireland–NCI Cancer Consortium by signing a second Memorandum of Understanding.

The goal of the Consortium is to reduce the incidence and mortality of cancer on the island of Ireland by enhancing the infrastructure for cancer research and cancer care. Since 1999 the HRB has strongly supported the work of the Consortium.

Outcomes to date include:

- 200 people have graduated from the NCI summer curriculum in cancer prevention and control.
- Four fellowships have been awarded to Irish people in areas of cancer prevention.
- Two joint research fellowships are under way.
- Successful knowledge-sharing workshops were organised to address issues such as smoking cessation, cancer and obesity.

## Irish Aid

Millions of people living in poverty in developing countries die or suffer ill-health every year from largely preventable or treatable causes. Investment in research on the health problems of developing countries is essential to achieve better health outcomes and an improved quality of life. The HRB and Irish Aid recently signed a Memorandum of Understanding to work collaboratively to support global health research and to increase research capacity in developing countries. In 2006, the HRB launched a successful research funding call and six projects were selected through our peer-review process. Each of these projects will generate high-quality research evidence directly related to the policy areas of the Irish aid programme and will build research capacity in developing countries. It is hoped that the scheme will help to promote international partnerships in global health research, with special emphasis on collaborative projects involving Irish research institutions.

## Medical Research Charities Group (MRCG)

The MRCG secured its first-ever Government funding of €1 million to supplement research by Irish health charities during the year. The HRB organised a workshop in conjunction with the MRCG in advance of the call for applications. This meeting gave the HRB the opportunity to share our experience of the peer-review process in assessing research applications, and of applying best international practice in the grant application and assessment

process. More than 40 applications were received from the medical research charities, and 33 projects were funded in 2006, which focus on a wide variety of common and rare diseases, from cancer to retinal pigmentosa and from epidermolysis bullosa to muscular dystrophy.

## European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

The Alcohol and Drug Research Unit is the designated Irish focal point for the EMCDDA and provides objective, reliable and comparable information on drugs and drug addiction from the Irish perspective. Researchers compile an annual report containing new information on the situation, consequences and responses to drug use in Ireland. This information is collected in a standardised way by all European focal points, which allows valid comparisons between European countries on current patterns and emerging trends in drug use. Areas researched in detail in 2006 were drug use and related problems among children under 15 years old, the situation and responses with respect to cocaine, and the link between drug consumption and driving.

## National Advisory Committee on Drugs (NACD)

The Alcohol and Drug Research Unit works with the NACD to provide advice to the Government on problem drug use in Ireland in terms of prevalence, prevention consequences and treatment. During 2006, the unit assisted the NACD to commission the second national drug prevalence survey. This is a major undertaking as drug prevalence surveys of the general population shed light on the patterns of drug use, both demographically and geographically and, if repeated, can track changes over time. The results of this survey, which will be available in mid-2007, will help to increase our understanding of drug use, to formulate and evaluate drug policies and to enable informed comparisons with similar surveys internationally.



## **Mental Health Commission**

The HRB worked closely with the Mental Health Commission during the year on the first comprehensive study of community residential mental health services in Ireland. The number of people living in community residences has risen from 900 to 3,065 in the past twenty years. These residences are now central to the provision of mental health services in Ireland and are shaping the lives of more than 3,000 people. This study will review the extent to which they are meeting the needs of service users. The results of the research, conducted by the HRB, will be published in early 2007.

## **National Institutes of Health (US) and Trinity College Dublin**

The Child Health Epidemiology Unit continued its research into congenital malformations and other adverse pregnancy outcomes in conjunction with the National Institutes of Health and Trinity College Dublin and produced two peer-reviewed publications. The research team welcomed the Irish Government's decision in 2006 to make mandatory the fortification of bread with folic acid to reduce the incidence of neural tube defects in children. This decision was influenced by the team's research finding that folic acid in the diet has a marked protective effect against neural tube defects in pregnancy.

## **Interim Health Information and Quality Authority (iHIQA)**

The HRB engaged with the Chief Executive of iHIQA, Dr Tracey Cooper, to brief her on the information systems managed by the HRB and the challenges facing all those involved in health information systems in the absence of national standards, unique patient/client identifiers and interoperability of systems. The HRB also assisted iHIQA to commission research relevant to its mission to improve the quality of health services and health information and to develop capacity in health technology assessment.



## HRB Publications 2006

Barron S and Kelly C (2006) *National Intellectual Disability Database Committee Annual Report 2006*. Dublin: Health Research Board.

Chen X, Wang X, Hossain S, O'Neill FA, Walsh D, Pless L, Chowdari KV, Nimgaonkar VL, Schwab SG, Wildenauer DB, Sullivan PF, van den Oord E and Kendler KS (2006) Haplotypes spanning SPEC2, PDZ-GEF2 and ACSL6 genes are associated with schizophrenia. *Human Molecular Genetics*, 15(22): 3329–3342.

Connolly J (2006) *Drugs and crime in Ireland*. Overview 3. Dublin: Health Research Board.

Connolly J (2006) *Responding to open drug scenes and drug-related crime and public nuisance – towards a partnership approach*. Strasbourg: Pompidou Group, Council of Europe.

Connolly J (2006) Alternatives to prison with a focus on drug using offenders. *Administration*, 54(1): 3–31.

Connolly J (2006) 'Open drug scenes' and related nuisance behaviour: guidelines established by the Pompidou Group Expert Forum on Criminal Justice. *Hapkoheh*, Issue 5: 47–52.

Curran B, Hastings G (2006) *An evaluation of the Clinical Research Training Fellowship Scheme: September 2006*. Dublin: Health Research Board.

Daly A, Walsh D, Ward M and Moran R (2006) *Activities of Irish psychiatric units and hospitals 2005*. Dublin: Health Research Board.

Daly A and Walsh D (2006) *Irish psychiatric units and hospitals Census 2006*. Dublin: Health Research Board.

Daly A (2006) *National Psychiatric In-Patient Reporting System. Bulletin January – December 2005* Issue 2, June. Dublin: Health Research Board.

Daly A (2006) *National Psychiatric In Patient Reporting System January – December 2005 Bulletin Area A – Head Office Galway*. Issue 2, June. Dublin: Health Research Board.

Daly A (2006) *National Psychiatric In Patient Reporting System January – December 2005 Bulletin Area B – Head Office Kells*. Issue 2, June. Dublin: Health Research Board.

Daly A (2006) *National Psychiatric In Patient Reporting System January – December 2005 Bulletin Area C – Head Office Cork*. Issue 2, June. Dublin: Health Research Board.

Daly A (2006) *National Psychiatric In-Patient Reporting System. January – December 2005 Bulletin. Area D – Head Office Tullamore*. Issue 2, June. Dublin: Health Research Board.

- Daly A (2006) *Irish psychiatric units and hospitals Census Bulletin 2006*. Dublin: Health Research Board.
- Donmall M, Berterame S, Lehtovuori R, Montanari L, Jones A, Lawrinson P, Long J, Millar T, Morales LR and Ouwerhand T (2006) *Guidance for the measurement of drug treatment demand*. Vienna: United Nations Office on Drugs and Crime.
- Doyle A, Galligan K, Barron S and Mulvany F (2006) *National Physical and Sensory Disability Database Committee Annual Report 2005*. Dublin: Health Research Board.
- Drug Misuse Research Division (2006) *2006 National Report (2005 data) to the EMCDDA by the Reitox National Focal Point. Ireland: new developments, trends and in-depth information on selected issues*. Dublin: Health Research Board.
- Drug Misuse Research Division (2006) *Drugnet Ireland*. Issue 20, Winter. Dublin: Health Research Board.
- Drug Misuse Research Division (2006) *Drugnet Ireland*. Issue 19, Autumn. Dublin: Health Research Board.
- Drug Misuse Research Division (2006) *Drugnet Ireland*. Issue 18, Summer. Dublin: Health Research Board.
- Drug Misuse Research Division (2006) *Drugnet Ireland*. Issue 17, Spring. Dublin: Health Research Board.
- Fanous AH, Chen X, Wang X, Amdur RL, O'Neill FA, Walsh D and Kendler KS (2006) Association between the 5q31.1 gene neurogenin1 and schizophrenia. *American Journal of Medical Genetics: Part B Neuropsychiatric Genetics*., Oct 16 [http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list\\_uids=17044100&query\\_hl=4&itool=pubmed\\_docsum](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=17044100&query_hl=4&itool=pubmed_docsum)
- Health Research Board (2006) *A picture of health – a selection of Irish health research 2006*. Dublin: Health Research Board.
- Kartalova-O'Doherty Y, Tedstone Doherty D, and Walsh D (2006) *Family support study: a study of experiences, needs, and support requirements of families with enduring mental illness in Ireland*. Dublin: Health Research Board.
- Kavanagh P, Long J and Barry J (2006) Completeness and accuracy of the drug treatment reporting system in Dublin, Ireland. *Irish Journal of Medical Science*, 175(3): 52–56.
- Kendler KS, Kuo PH, Todd Webb B, Kalsi G, Neale MC, Sullivan PF, Walsh D, Patterson DG, Riley B and Prescott CA (2006) A joint genomewide linkage analysis of symptoms of alcohol dependence and conduct disorder. *Alcoholism, Clinical and Experimental Research*, 30(12): 1972–1977.
- Kovess-Masfety V, Wiersma D, Xavier M, Caldas de Almeida JM, Carta MG, Dubuis J, Lacalmontie E, Pellet J, Roelandt JL, Torres-Gonzalez F, Moreno Kustner B and Walsh D (2006) Needs for care among patients with schizophrenia in six European countries: a one-year follow-up study. *Clinical Practice, Epidemiology in Mental Health*, 2:22.
- Kovess-Masfety V, Xavier M, Moreno Kustner B, Suchocka A, Sevilla-Dedieu C, Dubuis J, Lacalmontie E, Pellet J, Roelandt JL and Walsh D (2006) Schizophrenia and quality of life: a one-year follow-up in four EU countries. *BMC Psychiatry*, 6:39.

- Kuo PH, Neale MC, Riley BP, Webb BT, Sullivan PF, Vittum J, Patterson DG, Thiselton DL, van den Oord EJ, Walsh D, Kendler KS and Prescott CA (2006) Identification of susceptibility loci for alcohol-related traits in the Irish Affected Sib Pair Study of Alcohol Dependence. *Alcoholism, Clinical and Experimental Research*, 30(11): 1807–1816.
- Long J (2006) *Blood-borne viral infections among injecting drug users in Ireland, 1995 to 2005*. Overview 4. Dublin: Health Research Board.
- Long J, Keenan E, Grogan L, Mullen L, Barry J and Sinclair H (2006) HIV infection among heroin users and area of residence. *Irish Medical Journal*, 99(8): 230–233.
- Mant D (2006) *Primary Care R&D in Ireland*. Dublin: Health Research Board.
- Mental Health Research Division (2006) *Link*. Issue 3, June. Dublin: Health Research Board.
- Mental Health Research Division (2006) *Link*. Issue 4, December. Dublin: Health Research Board.
- National Documentation Centre on Drug Use (2006) *Directory of courses and training programmes on drug misuse in Ireland 2006*. Dublin: Health Research Board.
- O'Donovan M and Doyle A (2006) *Measuring Activity and Participation of people with disabilities – an overview*. MAP Bulletin No. 1. Dublin: Health Research Board.
- O'Leary VB, Pangilinan F, Cox C, Parle-McDermott A, Conley M, Molloy AM, Kirke PN, Mills JL, Brody LC, Scott JM and Members of the Birth Defects Research Group (2006) Reduced folate carrier polymorphisms and neural tube defect risk. *Molecular Genetics and Metabolism*, 87(4): 364–369.
- Parle-McDermott A, Mills JL, Molloy AM, Carroll N, Kirke PN, Cox C, Conley MR, Pangilinan FJ, Brody LC and Scott JM (2006) The MTHFR 1298CC and 677TT genotypes have opposite associations with red cell folate levels. *Molecular Genetics and Metabolism*, 88(3): 290–294.
- Parle-McDermott A, Kirke PN, Mills JL, Molloy AM, Cox C, O'Leary VB, Pangilinan F, Conley M, Cleary L, Brody LC and Scott JM (2006) Confirmation of the R653Q polymorphism of the trifunctional C1-synthase enzyme as a maternal risk for neural tube defects in the Irish population. *European Journal of Human Genetics*, 14(6): 768–772.
- Sinclair H (2006) *Drug treatment demand data: influence on policy and practice*. Strasbourg: Pompidou Group, Council of Europe.
- Walsh D (2006) Coming in from the cold. From psychiatric to general hospital. The Irish experience. *Epidemiologia Psichiatria Sociale*, 15(2): 95–98.



## Summary of Accounts

# Revenue Income and Expenditure Account

for the year ended 31 December 2006

	2006	2005
	€	€
<b>Income</b>		
Department of Health and Children Revenue Grant	30,353,000	27,147,000
Other Research Funding	3,580,551	1,209,572
Interest Receivable	51,317	44,376
Other Income	61,022	-
Rental Income	52,899	53,775
	<b>34,098,789</b>	<b>28,454,723</b>
<b>Expenditure</b>		
Research Funding and Policy Division	21,057,246	16,562,617
Child Health Epidemiology Division	510,768	692,823
Drug Misuse Research Division	1,216,644	1,071,773
Mental Health Research Division	685,651	666,667
Disability Databases Division	429,399	426,716
R&D for Health Division	11,819,147	4,499,941
Administration Costs and General Overheads	2,672,507	2,351,018
Pensions Paid to Retired Members of Staff	5,347	(10,849)
	<b>38,396,709</b>	<b>26,260,706</b>
<b>(DEFICIT)/SURPLUS FOR THE YEAR</b>	<b>(4,297,920)</b>	<b>2,194,017</b>
Revenue Reserve at 1 January	4,330,416	2,136,399
<b>REVENUE RESERVES AT 31 DECEMBER</b>	<b>32,496</b>	<b>4,330,416</b>

# Capital Income and Expenditure Account

for the year ended 31 December 2006


	2006	2005
	€	€
<b>Income</b>		
Department of Health and Children Capital Grant	12,946,936	1,813,089
Other Capital Income	-	1,590
Amortisation of Capital Fund Account	132,911	145,562
	<b>13,079,847</b>	<b>1,960,241</b>
<b>Expenditure</b>		
Equipment Grants Paid to Third Parties	2,039,854	1,616,965
Clinican Scientist Awards Paid to Third Parties	1,662,855	-
Imaging Awards Paid to Third Parties	4,618,635	-
Health Services R&D Awards Paid to Third Parties	1,462,101	-
	1,060,848	-
Translational Research Awards Paid to Third Parties	1,341,674	-
ICT Development	27,607	106,678
Contribution to Fixed Assets	115,668	81,158
Premises Costs	472,494	9,878
Corporate Strategy Consultancy	145,200	-
Depreciation	132,911	145,562
	<b>13,079,847</b>	<b>1,960,241</b>
<b>(DEFICIT)/SURPLUS FOR THE YEAR</b>	<b>-</b>	<b>-</b>

# Balance Sheet

as at 31 December 2006

	2006	2005
	€	€
<b>FIXED ASSETS</b>		
Tangible Assets	354,124	381,042
<b>CURRENT ASSETS</b>		
Debtors	1,342,231	724,011
Investments	641	641
Cash at Bank and on Hand	450,400	7,569,644
	1,793,272	8,294,296
<b>CURRENT LIABILITIES</b>		
<i>Amounts falling due within one year:</i>		
Bank	16,057	-
Creditors	1,744,719	3,963,880
	1,760,776	3,963,880
<b>NET CURRENT ASSETS</b>	32,496	4,330,416
<b>NET ASSETS</b>	386,620	4,711,458
<b>RESERVES</b>		
Accumulated Surplus on Income & Expenditure Account	32,496	4,330,416
Capital Fund	354,124	381,042
	386,620	4,711,458





## Appendix 1: Organisational review International Panel Members

The HRB Organisational review took place in November 2005. The report from the panel was presented in January 2006.

The panel members included:

- Dr Don Thornhill, Chair, National Competitiveness Council (Chair of the Panel)
- Professor Alun Evans, Department of Epidemiology and Public Health, Queen's University, Belfast
- Dr Paulette Gray, Director, Division of Extramural Activities, National Cancer Institute, USA
- Mr John O'Brien, CEO, St James's Hospital, Dublin
- Mr Gerry O'Hanlon, Director, Social and Demographic Statistics, Central Statistics Office, Dublin
- Professor Alan Pettigrew, Chief Executive, National Health and Medical Research Council of Australia
- Mr Lewis Purser, Assistant Director, Irish Universities Association, Dublin
- Professor John Williams, Director, Wales Office of Research and Development in Health and Social Care
- Dr Mary-Patricia McKeever, rapporteur

