

HEALTH RESEARCH BOARD

Annual Report **2012**



Health Research Board

Annual Report 2012

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Lillian Hallissey-Sheridan taken at the launch of the Health Research Board's **Curious?** street art exhibit for the Dublin City of Science 2012 festival.

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Our mission, goals and guiding principles

Our mission is to improve people's health, patient care and health service delivery by:

- leading and supporting excellent research by outstanding people within a coherent health research system
- generating knowledge and prompting its application in policy and practice.

In doing so, the HRB will play a key role in health system innovation and economic development.

Four clear goals support the delivery of the *HRB Strategic Business Plan 2010 – 2014*. These are:

1. **Driving the development of excellent clinical research**, including applied biomedical research, within a coherent health research system.
2. **Building capacity** to conduct high-quality **population health and health services research**.
3. Working with key partners to develop and **manage high-quality national health information systems**.
4. Generating and synthesising **evidence**, and promoting the application of knowledge to support decision-making by policy makers and relevant practitioners.

The following core principles shape and inform our approach to everything we do:

- commitment to a culture of excellence in research and evaluation
- leadership of health research through partnership and collaboration
- determination to have knowledge translated and applied
- commitment to having research at the core of the health system
- focus on good governance, high performance, and value for money.

We want health research to proactively contribute to:

- better outcomes for patients
- realise efficiencies in the health service
- protect people's health and help them avoid the need to enter the health system in the first place.



Enda Connolly,
Chief Executive, HRB

Chief Executive Overview

2012 represents the half-way point in the HRB's *Strategic Business Plan 2010 – 2014*. This plan set ambitious targets to align health research outputs and outcomes towards application in healthcare settings; to facilitate the development of a more efficient and effective health service; to expand our clinical, health services and population health research capacity; and to address Department of Health and healthcare service providers' evidence needs for policy and practice.

These objectives require a coherent research system at the heart of our national health structures. The HRB has been at the forefront of developing a coordinated health research environment in which people, programmes, infrastructures and technology combine to deliver improvements in peoples' health and the health service, as well as supporting the wider economy.

"The HRB has been at the forefront of developing a coordinated health research environment in which people, programmes, infrastructures and technology combine to deliver improvements in peoples' health and the health service, as well as supporting the wider economy."

At this mid-way point in our strategy, we have made strong progress towards implementing the objectives that we set out at the start of our Strategic Business Plan. The strategy marks a shift away from investment in basic research and biomedical research towards patient-oriented, population health and health services research. This approach has seen the emergence of a coherent and balanced portfolio of funding initiatives that will improve people's health, will underpin a more efficient and effective health service, and will provide evidence for positive changes in health policy and practice. It will also support the enterprise agenda that is so vital to our economic recovery.

In order to ensure the delivery of our strategy, all of our grant schemes have been reviewed. Those not aligned with our goals have been discontinued or restructured. In addition, we have also developed a suite of new schemes that categorically underpin our business priorities. The emphasis of funding initiatives has moved to a more collaborative and interdisciplinary model, in particular in the areas of population health and health services research (PHHSR). The HRB is on target to meet its projected re-orientation of research investment by the end of 2014.

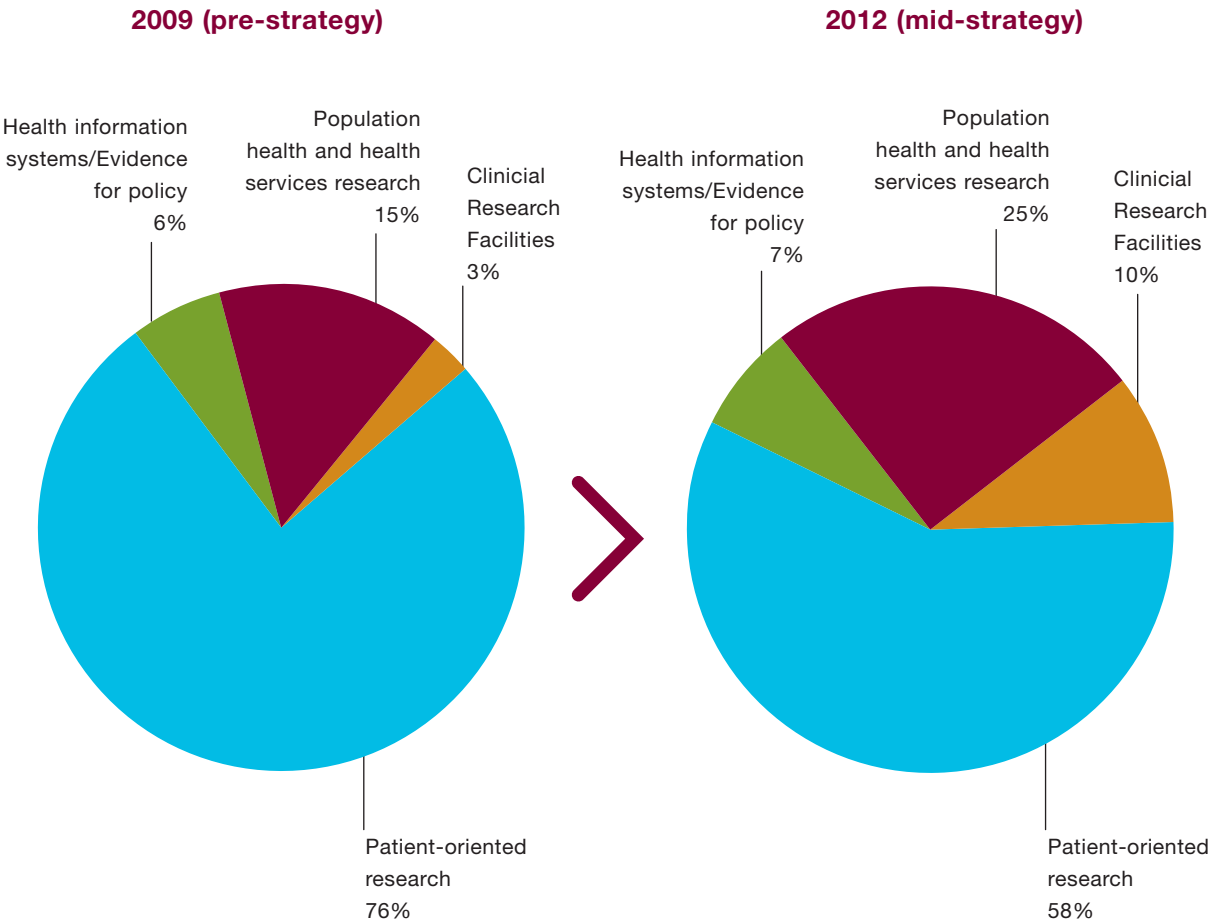


Figure 1: Shift in HRB investment since the start of the current strategy

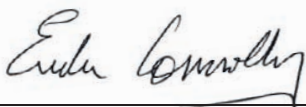
We have consolidated our national health information systems and the staff resources associated with them. We have also developed new activities which facilitate the evidence needs of the Department of Health in relation to policy and legislation.

Some key achievements in 2012 included:

- launching the Research Leaders Award to address strategic leadership gaps in population health and health services research
- funding 32 new Health Research Awards in patient-oriented research as well as 11 new Clinician Scientist Awards
- opening the HRB Clinical Research Facility in Cork
- the expansion of the research portfolio at the HRB Clinical Research Facility in Galway, from 67 to 77 studies
- renewing funding for the All Ireland Cooperative Oncology Research Group (ICORG), who recruited more than 1,400 patients to new ICORG clinical studies during 2012
- investing in interdisciplinary postdoctoral teams in disciplines such as health economics, statistics, social sciences, and pharmacy
- establishing 16 new projects in population health and health services research
- creating the Knowledge Exchange and Dissemination Scheme (KEDS) which helps researchers to communicate significant results to key stakeholders, and thereby accelerate the transfer of new research knowledge into improved health policy and clinical practices
- publishing three annual reports to inform service planning for in-patient psychiatric care and those with physical and intellectual disabilities
- completing four large-scale evidence reviews for the Department of Health to inform national health policies.

None of these achievements would have been possible without the tremendous willingness of our staff to innovate and to be active participants in a transformative agenda. Equally, the strategic advice and guidance of the HRB Board has been invaluable.

Against the backdrop of economic and fiscal constraints, the HRB is delivering more with less, and is providing real benefits to Ireland's health system.



Enda Connolly, Chief Executive



Health research – aligned to national priorities

The *HRB Strategic Business Plan 2010 – 2014* provides a clear roadmap and priorities for investment in health research. The plan is cognisant of, and aligned with, other government initiatives to innovate and shape Ireland's future development, such as the National Research Prioritisation Exercise and the Healthy Ireland Framework.

During 2012, the National Research Prioritisation Exercise (NRPE) identified 14 priority areas for investment of public research funding, and it recognised the importance of continued investment in Research for Policy and Practice and the underpinning areas of Platform Science and Technology and Integrating Infrastructure. This led to the development of implementation plans as well as detailed metrics and targets for these areas.

Five of the priority areas are particularly relevant to health, namely Diagnostics, Therapeutics (Synthesis and Formulation), Medical Devices, Connected Health and Food for Health. However, the HRB's primary contribution is investment in Research for Policy and Practice and in the underpinning areas of Platform Science and Technology and Integrating Infrastructure.

Figure 2 shows how approximately 550 active or pending grants within the 2012 HRB funding portfolio valued at over €236 million align with:

- the five NRPE report priorities relevant to health
- the underpinning areas of Platform Science and Technology and Integrating Infrastructure
- the areas of Research for Policy and Practice and Research for Knowledge

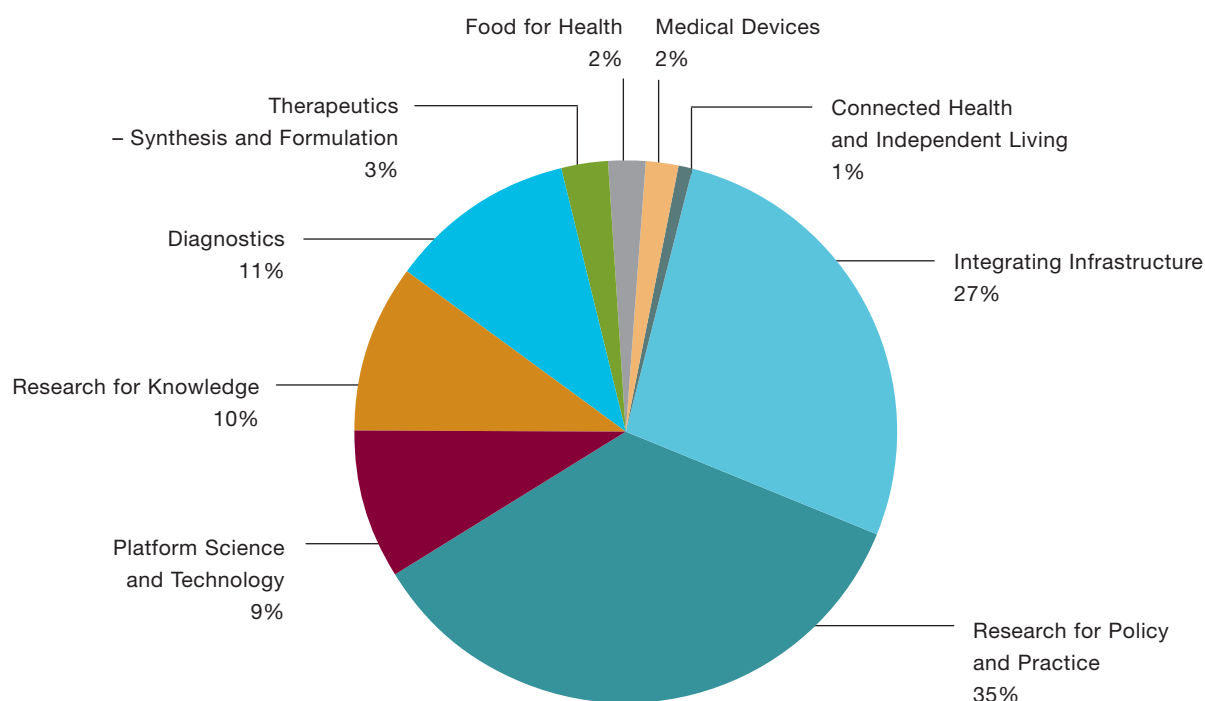


Figure 2: Percentage allocation of funding commitments across the five health-relevant priority areas, the underpinning areas of Platform Science and Technology and Integrating Infrastructure and in the areas of Research for Policy and Practice and Research for Knowledge

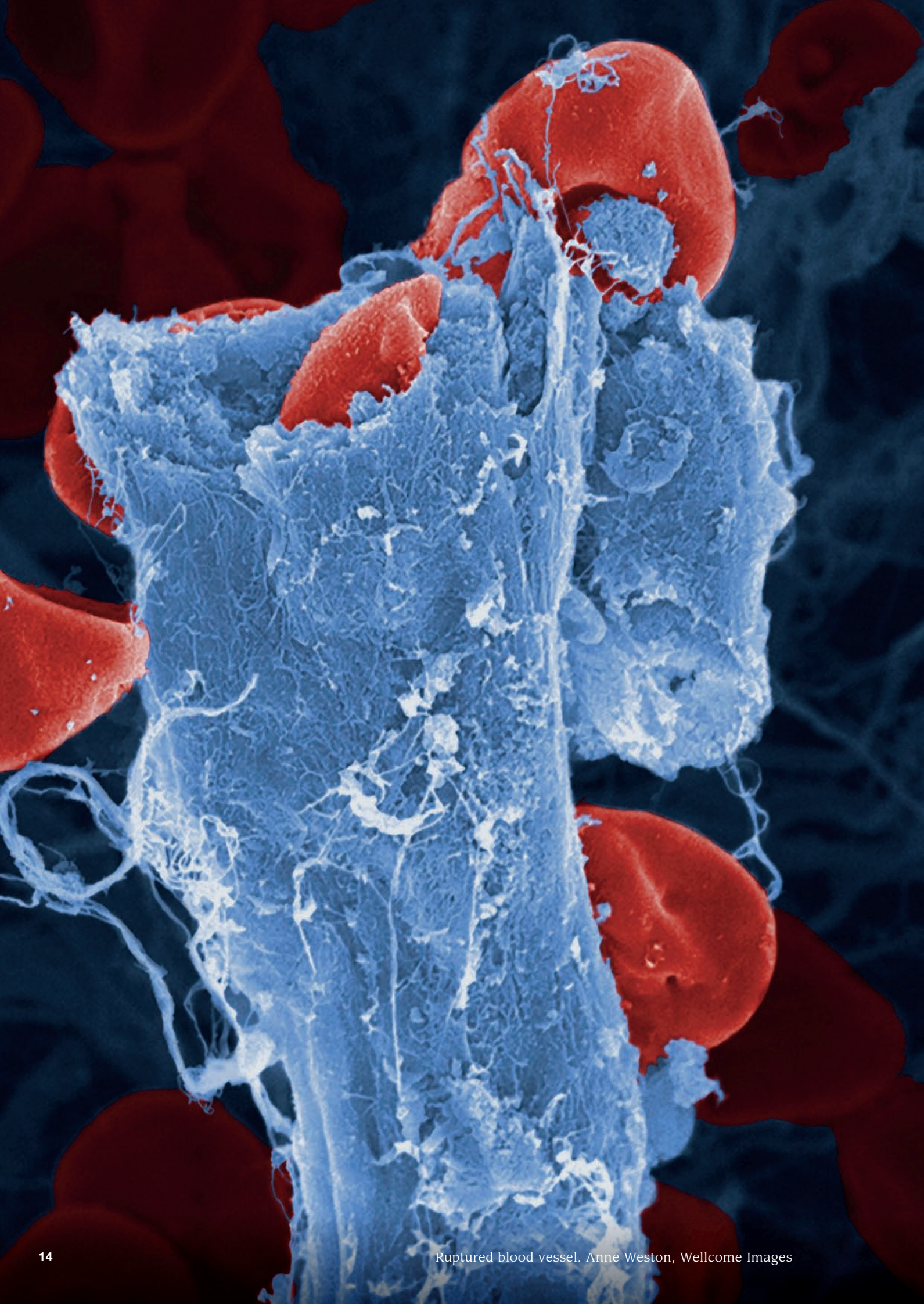
A key objective of the NRPE is to achieve maximum value for money through collaboration between Irish funding agencies on areas of common interest. The HRB has always had a strong ethos of collaboration. This allows us to leverage the best value from our investments in health research. At the same time, collaboration benefits the wider economic agenda in Ireland by putting in place the capacity and infrastructure to enable identification, development, validation and adoption of enterprise outputs within the health and social care system. In 2012, we have national co-funding arrangements with the Health Service Executive (HSE), Science Foundation Ireland (SFI), the Department of Agriculture, Forestry and the Marine, and the Medical Research Charities Group (MRCG).

The health and well-being of the Irish population was identified as one of the four pillars in the *Programme for Government 2011–2016*. We are committed to ensuring that our research investment portfolio reflects national strategic priorities and informs policy and service delivery needs in health and social care. **Our work complements other schemes such as:**

- The *Future Health – a strategic framework for reform of the Health Services, 2012–2015*, which commits government to reconfiguring the Irish health service and implementing many already-promised reforms in areas such as health service financing, primary care, hospital organisation and social and continuing care health services
- The *National Cancer Strategy – A strategy for Cancer control in Ireland, 2006*, which aims to prevent and cure cancer, and increase survival and quality of life for those who develop cancer, by converting the knowledge gained through research, surveillance and outcome evaluation into strategies and actions
- The Patient Safety First initiative, which is seeking to drive changes in practices within the health services to improve quality and patient safety
- Creating a healthier population, based on strong research evidence, is at the heart of the upcoming *Healthy Ireland – A framework for improved health and wellbeing, 2013–2025*.

In addition to national engagement, the HRB works closely with partners in Northern Ireland and Britain, Europe and the United States to promote health research on the island of Ireland. The HRB has active international collaborations with:

- the Wellcome Trust
- EU Joint Programming Initiatives
- US Ireland R&D Partnership
- Ireland-Northern Ireland-National Cancer Institute (USA)
- the All-Ireland Cancer Consortium
- the All-Ireland Institute of Hospice and Palliative Care
- The UK Medical Research Council.



Delivering on our strategic business plan

In 2010, the Health Research Board (HRB) developed a challenging strategic business plan which sets out clear goals and deliverables.

This section of the *HRB Annual Report 2012* outlines the progress made in terms of achieving the goals identified in the strategic business plan. In addition, the various case studies set out in this annual report illustrate successes to date in each goal.

Goal 1: Driving the development of clinical research



Dr Anne Cody, Head
of Clinical and Applied
Biomedical Research,
HRB

“We are working at a tactical and strategic level with other agencies and government departments to underpin the delivery of world-class clinical research in our hospitals and universities.”

One of the priorities set out in the *HRB Strategic Business Plan 2010 – 2014* is to increase our funding of excellent clinical and applied biomedical research. Clinical research must be an integral part of what every hospital does in order to develop and enhance future patient care and health service delivery. The HRB is playing a leading role in building the clinical research ecosystem in which health research is conducted.

We are restructuring our grant schemes in order to better develop, nurture and support new and existing research leaders. We are investing in the infrastructures, networks and ancillary supports that are fundamental enablers of research capacity. We are working at a tactical and strategic level with other agencies and government departments to underpin the delivery of world-class clinical research in our hospitals and universities.

In 2012, we contributed to the on-going development of the clinical research ecosystem by:

- awarding 32 new Health Research Awards in patient-oriented research
- assigning 11 new Clinician Scientist Awards
- opening the HRB Clinical Research Facility in Cork
- expanding operations at the HRB Clinical Research Facility, Galway from a portfolio of 67 studies to a portfolio of 77 studies
- renewing funding for the All Ireland Cooperative Oncology Research Group (ICORG), which supported more than 5,500 patients to participate in ICORG clinical studies in 2012 alone
- investing in the work of the National Centre for Advanced Medical Imaging, St James's Hospital Dublin.

In areas of joint interest with other agencies and bodies, we co-funded the following initiatives and schemes with partners including the Wellcome Trust (WT), SFI, and the National Cancer Institute (in the US):

- SFI-HRB-Wellcome Trust Partnership – two new awards (total of three)
- HRB-SFI Translational Research Awards – four new awards (total of seven)
- HRB-MRCG Joint Research Scheme – 11 new awards (total of 79)
- EU Joint Programming in Neurodegenerative Diseases (JPND) – two new contracts (total of three).

Under the auspices of the US-Ireland Cancer Consortium we funded ten Irish researchers to attend short courses at the National Cancer Institute, Bethesda, Maryland Summer Curriculum in Cancer Prevention in 2012.

Goal 1:

Driving the development of clinical research

New Clinical Research Facility opened



In March 2012, the Minister for Health, Dr James Reilly TD, officially opened the HRB Clinical Research Facility Cork (HRB CRFC) at the Mercy University Hospital in Cork. The facility provides the necessary clinical space, IT infrastructure, support personnel and equipment to enable health professionals to conduct the highest quality clinical trials

research. The role of the facility's ten employees is to support such research initiatives. The day-to-day operation of HRB CRFC is made possible through collaboration between the HRB, the Health Service Executive and University College Cork.

According to Professor Joe Eustace, Director of the HRB CRFC, 'the facility allows scientists in UCC to work closely with clinicians in all Cork hospitals, as well as with primary care physicians, to conduct patient-focused research. It also enables Cork investigators to collaborate in this work with other national and international centres of excellence'.

Studies carried out at the facility will advance our understanding of, and improve treatment in, areas such as cancer, heart disease, bowel disease and nutrition. Researchers and health professionals will test potential new patient therapies and compare the risks, benefits and cost-effectiveness of established treatments.

Investing in new clinical research leaders – the Clinician Scientist Awards (CSA)

In 2012, the HRB announced 11 new awards and committed €11 million to develop Ireland's next generation of outstanding clinician researchers. Mental health, cancer, heart disease, neurodegenerative disease, diabetes, obesity, and neonatal care are just some of the areas that will benefit from this round of funding.

The Clinician Scientist Awards (CSA) allow leading doctors to split their time between clinical practice and research. This enables them to develop research questions based



on clinical issues that they encounter with patients, and to translate their research results into practice at the bedside. A key feature of this scheme is that it funds the replacement of the consultant's time in the clinic, and as a result the level of service provided to patients is not reduced.

CAMI – Centre for Advanced Medical Imaging

The Centre for Advance Medical Imaging (CAMI), located on the St James's Hospital campus in Dublin, has Ireland's only research-dedicated Magnetic Resonance Imaging (MRI) scanner. The centre has developed an extensive network of leading clinicians and scientists from across all of the major hospitals and universities in Ireland. During 2012, some 16 groups carried out studies in cancer, cardiovascular and neuropsychiatric research.

"CAMI is a fundamental component of Ireland's national clinical research infrastructure."

'CAMI is a fundamental component of Ireland's national clinical research infrastructure,' says Dr Anne Cody, Head of Clinical and Applied Biomedical Research at the HRB. 'It complements the HRB's investments in Clinical Research Facilities, and it provides the specialist equipment and expert personnel to support clinical imaging research to the highest international standards'.

The innovative funding model that has been developed will enable the centre to continue operating after the HRB funding period comes to an end. With this model, CAMI contributes one day a week to service provision, in order to facilitate integration with the wider radiography team at St James's Hospital, and also in order to generate some income. This helps to alleviate the backlog of epilepsy patients awaiting MRI assessment, and it ensures that CAMI can maintain and expand its research activities.

Goal 2: Building capacity in population health research and health services research



Dr Teresa Maguire,
Head of Population
Health and Health
Services Research,
HRB

“Through multi-stakeholder collaboration and an emphasis on inter-disciplinary working, the HRB has played a leadership role in several initiatives to address strategic priorities for healthcare in Ireland.”

The HRB strategic business plan commits us to increase our investment levels in population health research and health services research. Fostering research capacity in these areas is an essential driver of quality, safety, equity, efficacy and efficiency in healthcare delivery and the improvement of the health of the population. ‘Through multi-stakeholder collaboration and an emphasis on inter-disciplinary working, the HRB has played a leadership role in several initiatives to address strategic priorities for healthcare in Ireland’, says Dr Teresa Maguire, Head of Population Health and Health Services Research (PHHSR) at the HRB.

In 2012, PHHSR accounted for 30% of total HRB research expenditure. When compared with the level of total HRB research expenditure on PHHSR in 2009 (17%), the 2012 figure demonstrates significant progress in our efforts to build research capacity in this area. The target set out in the HRB’s *Strategic Business Plan 2010 – 2014* is for PHHSR to account for 40% of total HRB research expenditure by the end of 2014.

In recent years we have made key investments in early and mid-career stage training in population health and health services research aimed at nurturing the next generation of research leaders. We have also created opportunities for existing leaders by financing critical research infrastructures for PHHSR, and by devising new grant schemes that help shape the multidisciplinary teams needed to conduct this transformative research. In addition, we have created funding opportunities specifically designed to help researchers communicate their results to key stakeholders, so that new research findings can quickly influence policy and practice.

Some key investments during 2012 included:

- €6.9 million in interdisciplinary postdoctoral teams over the 2011-12 period. This resulted in the creation of 31 postdoctoral positions in a range of disciplines, including health economics, statistics, social sciences, pharmacy and social marketing.
- €5 million to support four Collaborative Applied Research Grants (CARG) awards. These are large-scale programmatic awards to support the conduct of research with an emphasis on improved healthcare and better healthcare delivery.
- €4.2 million to support 16 new projects in PHHSR through the reconfigured Health Research Awards scheme.
- €1 million to launch the Knowledge Exchange and Dissemination Scheme (KEDS). This scheme helps researchers to communicate significant research findings to key stakeholders, and thereby accelerate the transfer of new research knowledge into improved health policy and clinical practices.

Other key initiatives included:

- launching the Research Leaders Awards to address strategic leadership gaps in PHHSR
- encouraging undergraduate students to engage in research training through a programme of summer studentships. (A total of 58 studentships were awarded in 2012.)
- Two of the ten international researchers who won a place on the 2012 National Cancer Institute Cancer Prevention Fellowship Programme were from Ireland. Their participation in this prestigious five-year postdoctoral programme was co-funded by the HRB and the Irish Cancer Society. As a result of initiatives such as this, a total of five people are now developing successful research careers in various facets of cancer prevention and control.

Goal 2:

Building capacity in population health research and health services research

Developing senior people and systemic capacity – the Research Leaders Awards

The introduction of the Research Leaders Award will address specific skills deficits along with infrastructural and institutional gaps in translating relevant research findings into improved policy and practice in population health and health services research.

The awards will develop partnerships whereby research providers and the users of research evidence will come together to promote the effective translation of research evidence into policy and/or practice.

A key pillar of the scheme is that successful institutions must commit to continue funding the post after the initial five-year award. This builds sustainability into the system and drives the long-term swift transfer of new research knowledge into policy and practice.

HRB Centre for Health and Diet Research

The HRB Centre for Health and Diet Research is led by Ivan Perry, Professor of Public Health and Head of the Department of Epidemiology & Public Health at University College Cork (UCC).

The centre is recognised both as a national and international centre of excellence. Its prodigious scientific output, comprising over 67 papers and 10 national reports, has been complemented by significant linkages with both health service providers and health policy makers in the area of diet and health. It has collaborations with national obesity clinics, the clinical obesity database, the HSE, primary care centres, tertiary teaching hospitals, as well as with other health researchers working with multiple health datasets. In addition, the centre has established international links with collaborators in the UK, Europe, the US and Canada.



Professor Ivan Perry, HRB Centre for Health and Diet Research.

“Diet is a critical determinant of health,” says Professor Perry. “The centre’s mission is to contribute to the evidence base on diet and health, and to provide strong evidence in order to influence public policy.”

‘Diet is a critical determinant of health’, says Professor Perry. ‘The centre’s mission is to contribute to the evidence base on diet and health, and to provide strong evidence in order to influence public policy’.

The original HRB investment in this centre has now been augmented, with approximately €7 million leveraged in ancillary funding since 2008.

Training the next generation of researchers – PhD Scholars Programme

The HRB PhD Scholars Programme is recognised internationally as an exemplary structured PhD programme. It is a central element in the drive to create the talent pool of people with the relevant skills to build Ireland’s capacity to conduct high-quality population health and health services research into the future.

Since 2007, 70 scholars have been recruited and a total of 14 researchers have already received their PhD, or are at *viva* stage. The programme will now be expanded following a comprehensive review carried out during 2011 and 2012. The new PhD Scholars programme in Health Services Research, called (SPHeRE) will operate on a nationwide basis, thus allowing students at any third-level institution to participate. In addition, the modules will be structured so as to bridge existing skills deficits in areas such as informatics, quality of care, health technology assessment, development of clinical pathways, planning, finance, service improvement and health policy analysis.

Goal 3: Managing national health information systems



Ms Sarah Craig, Head
of National Health
Information Systems,
HRB

***“Reliable,
high-quality
information lies at
the heart of all good
decisions relating
to health.”***

Reliable, high-quality information lies at the heart of all good decisions relating to health. The HRB manages five key national health information systems in the areas of alcohol and drugs, disability and mental health. The systems provide timely and accurate data to inform service planners and to assist evidence-based decision-making in these areas. A number of these health information systems are recognised internationally as models of excellence. The five systems are:

- The National Drug Treatment Reporting System
- The National Drug-Related Deaths Index
- The National Psychiatric In-Patient Reporting System
- The National Intellectual Disability Database
- The National Physical and Sensory Disability Database.

In 2012, headline activities included:

- Publishing the *Annual Report of the National Physical and Sensory Disability Database Committee 2011*. This report provides an overview of the specialised health and personal social service needs of people with a physical, sensory and/or speech and language disability.
- Publishing the *Annual Report of the National Intellectual Disability Database Committee 2011*. This publication delivers information on the demographic profile of those who are registered on the National Intellectual Disability Database (NIDD), on their current use of day and residential services, and on the range of multidisciplinary

supports available to them. It also presents information on the needs of people with intellectual disability for such services in the next five years.

- Publishing the *Activities of Irish Psychiatric Units and Hospitals 2011*. This presents an analysis of data on all admissions to, discharges from, and deaths in Irish psychiatric units and hospitals.
- Publishing updated figures from the National Drug-Related Deaths Index on drug-related deaths and deaths among drug users in Ireland.
- Publishing four peer-reviewed papers on aspects of care for people with intellectual disability. (See full list in Appendix A.)
- Commissioning an external evaluation of the National Psychiatric In-Patient Reporting System. The evaluation demonstrated that this system exceeded international benchmarks for accuracy and completeness.
- Preparing submissions to three Health Information and Quality Authority (HIQA) consultations on information governance and eHealth interoperability standards for Ireland, and participating in HIQA's consultative committee on health information standards.
- Commissioning an external review of the National Health Information Systems (NHIS) to examine efficiencies in operability and future developments in information and communications technology (ICT).

World first in formulating policy for people with intellectual difficulties as they age

'The existence and quality of the National Intellectual Disability Database (NIDD) offered Ireland a unique opportunity to include – for the first time in Europe, or indeed anywhere in the world – an intellectual disability supplement to a national longitudinal study on ageing.

The Irish Longitudinal Study on Ageing (TILDA) is an analysis of more than 8,500 people resident in Ireland, aged over 50. It charts their health, social and economic circumstances over a 10-year period. TILDA is unique among longitudinal studies internationally in terms of the breadth of the data collected on physical health, mental health and cognitive measures.

Traditionally, these studies tended to use sampling frames such as geo-directories and electoral rolls, which meant that, however unintentionally, people with an intellectual



Photograph by Fennell Photography. Ms Kathleen Lynch, TD, Minister of State in the Office of Disability and Mental Health at the Department of Health, at a prize-giving ceremony for Ms Pamela Kavanagh, for her winning entry in the national competition to design the cover of the NIDD Annual Report 2011. Pamela's picture entitled 'Butterfly', was selected from more than 300 entries from service users nationwide.

disability (ID) were excluded or had such low enrolment that subsamples were too small for analysis and/or were unrepresentative.

The NIDD provides a complete national sampling frame as well as a mechanism to select a sample – to ensure that it is representative, and also to ensure that it protects subjects while simultaneously facilitating appropriate recruitment and consent processes.

This enables us to make robust appraisals of important similarities and differences in the lives of people with ID as they age. It helps our understanding of the health and social consequences of ageing among people with ID, and, most importantly, it provides key data to underpin and guide policy in this area. This would not have been possible without the National Intellectual Disability Database'.

Professor Mary McCarron, Principal Investigator DS TILDA

Top marks for National Psychiatric In-patient Reporting System

In January 2012 the HRB commissioned an independent evaluation of the National Psychiatric In-patient Reporting System (NPIRS) which reported its findings in August 2012. The audit found that the system exceeded international benchmark standards and scored highly on accuracy and completeness ratings, and that it provided information of the highest standard, in order to conduct research or direct service planning.

The evaluators highlighted that the strong working relationship between the NPIRS contact points in the hospitals, who gather the data, and the HRB team, who collate and analyse the data, was a critical success factor for achieving accuracy and completeness.

Key users currently include the Department of Health (Office for Disability and Mental Health), the HSE (Mental Health and Business Intelligence Units), the Mental Health Commission, hospital managers, service user organisations, researchers, clinicians, and statutory agencies.

Goal 4:

Providing evidence for policy and practice



Dr Jean Long, Head of Evidence Generation, HRB

“The volume of research evidence available on any particular subject area can be enormous. The HRB excels in making the relevant information available, in an accessible way, to support evidence-based policy.”

One of the main goals of the HRB's *Strategic Business Plan 2010 – 2014* is to address the ‘research-to-practice’ gap that can hamper the development of evidence-based policy at a national level. This deficit is clearly recognised by the Department of Health which, in 2010 (when the current strategic plan was being drawn up), asked the HRB to put in place a framework for prioritising their evidence needs and providing access to, and synthesis of, research material relevant to their policy objectives. The volume of research evidence available on any particular subject area can be enormous. The HRB excels in making the relevant information available, in an accessible way, to support evidence-based policy.

Since 2011, the HRB has built up considerable expertise in evidence synthesis and review, providing significant added value to the Department of Health. This work is supported by the services of the HRB's National Documentation Centre on Drug Use, which provides access to all free evidence sites, policy sites, databases and open-access journals.

The main policy-relevant outputs from 2012 included:

- evidence synthesis and reviews on topics relevant to current policy/strategy development, i.e. comprehensive reports of the existing evidence underpinning selected health and social topics
- quarterly newsletter on research evidence (*Eolas: evidence updates for policy*)
- information searches on specific topics.

In 2012, work carried out in this area included:

- Completion of four evidence reviews:
 - A review of professional regulation of medical practitioners and how this operates in a number of countries, including Ireland. This evidence will inform the modernisation of existing legislation for health and social care professionals in Ireland and the development of new legislation based on international best practice approaches, so as to ensure that medical practice is evidence-based and safer.
 - A comprehensive review of the positive and negative outcomes of nursing and midwifery undergraduate curricula internationally. This evidence will be used to ensure that degree programmes for nursing and midwifery students in Ireland deliver graduates who are educated and are suitably trained for working in a modern health service.
 - Two evidence reviews aimed at informing proposed legislative measures to reduce the exposure of children to carcinogens and other toxic agents associated with smoking in cars. International evidence on effectiveness and levels of compliance or enforcement of such legislation in other countries was also examined as part of the reviews, which were titled 'Epidemiology of second-hand smoking for children travelling in private cars' and 'Effective methods to deal with second-hand smoking by children travelling in private cars'.
- Completion of information searches to provide the Department of Health with assistance on specific topics such as:
 - time-to-treatment and the number of cases required for effective treatment
 - legal and corporate status of not-for-profit hospitals
 - minimum price for alcohol
 - social responsibility levies.
- Compilation of quarterly newsletters and Evidence Updates for Policy, which have been positively received by staff within the Department of Health.
- Provision of a 'one-stop shop' for research evidence on drugs and drug use – information that is essential for people who are working in the addiction field.



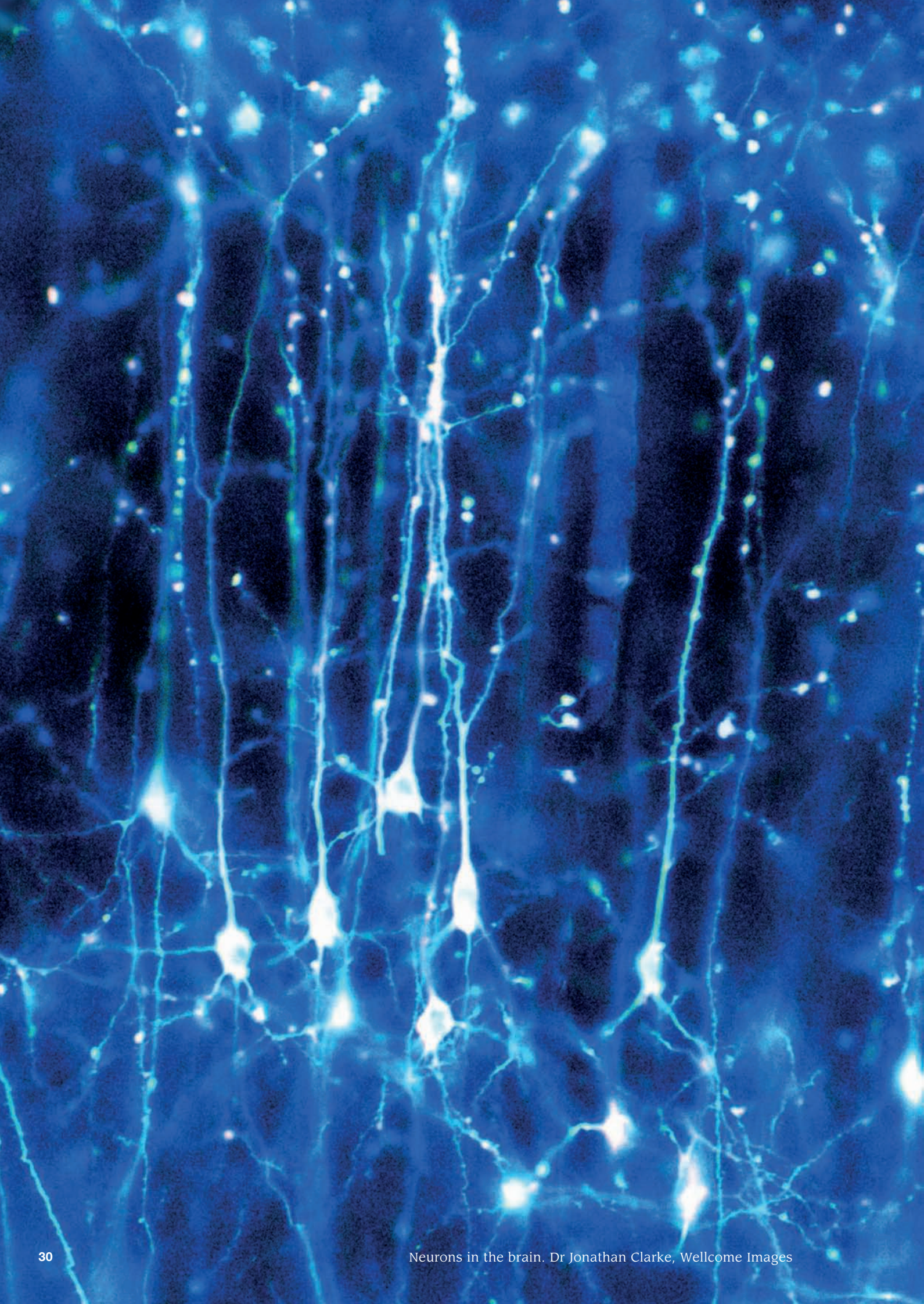
Alcohol – public knowledge, attitudes and behaviour report

In 2012 the HRB commissioned an independent survey of 1,020 Irish people to ascertain their knowledge, attitudes and behaviours in relation to alcohol consumption, the marketing and selling of alcohol, and current and potential policy responses to alcohol-related health and social harms. The report based on the survey findings, titled *Alcohol: Public knowledge, attitudes and behaviours*, provides evidence that more than four out of five people (85%) believe that current levels of alcohol consumption in Ireland are too high, and almost four out of five people (78%) think that the government has responsibility for introducing public health measures to address alcohol consumption. The fact that the findings in this survey are consistent with general population surveys, surveys among schoolchildren, and other public opinion surveys adds to the strength of the evidence. The survey participants' responses to questions indicate public support for implementing a number of the individual measures in the *Report of the Working Group on a National Substance Misuse Strategy (for alcohol)*.



Packaging research in a user-friendly way for practitioners and policy makers

Illicit drug use is a problem that affects all European countries and is one that transcends national borders. The HRB is playing an important role, as Ireland's National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in addressing this Europe-wide issue. The EMCDDA provides the EU with Irish data on the nature, extent, consequences and responses to illicit drug use – data which are used to support policy formation on drugs across the EU and Member States. The HRB publication, *Drugnet Ireland*, provides a benchmark for how to present evidence about Ireland's illicit drug use problem in a user-friendly way that helps professionals and practitioners to identify best practice and new areas of research.



Measuring the impact of HRB health research investment

The HRB systematically collects output, outcome and impact data on all of the research that it funds. This evaluation activity is vital to ensuring that our programmes are working well and helps to highlight needs and opportunities for future HRB investment.

This section describes the outcomes and impacts of HRB research projects and programmes that completed in 2012 across a range of metrics and indicators.

Measuring the impact of HRB health research investment



Dr Maura Hiney, Head of Policy, Evaluation and External Relations, HRB

“Evaluation enables us to capture the positive outcomes of – and impacts from – our investments, and to identify areas for improvement, both in our programmes and in the policies that underpin them; ultimately, this helps us to achieve our strategic goals.”

It is important to periodically assess and adapt our activities, so as to ensure they are ‘fit for purpose’ and are achieving their intended outcomes and impacts. Evaluation enables us to capture the positive outcomes of – and impacts from – our investments, and to identify areas for improvement, both in our programmes and in the policies that underpin them; ultimately, this helps us to achieve our strategic goals. The information we collect also enables us to better communicate the value of health research to others, be they policy and practice stakeholders, the research community, patient groups, the enterprise sector or the public.

HRB evaluation data collection is guided by the Buxton-Hanney Payback Framework for Health Research. This framework groups metrics into five impact categories which span short to medium-term outcomes, such as knowledge production, research capacity-building, informing policy and the public. The framework also spans longer-term impacts, for example, policy changes, health sector innovations and economic and commercial activity. The outcome and impact data reported here are derived from awards whose funding came to an end in 2012; the data present a snapshot in time, rather than a complete picture of the ongoing impact of HRB-funded research.

Key outcomes and impacts of HRB research investment

The 117 grants that came to an end during 2012 represent an investment of €43.7 million by the HRB. (The cyclical nature of awards and their different durations can lead to some year-to-year variation in the number of outputs captured at the point of end of grant.)

Of particular significance for the HRB in 2012 were the following:

- 3,830 patients were recruited to participate in 255 active clinical trials across a range of disease areas.
- Almost one-third of research personnel employed on HRB grants were health professionals.
- Three healthcare innovations are now at an advanced stage of development.
- 56 industry-academic collaborations and 248 new academic collaborations were established.
- 85 new awards were leveraged on foot of research findings from HRB grants.
- Three clinicians acted as coordinators on EU Framework 7 Programme (FP7) projects.
- 85% of HRB-supported peer-reviewed publications had a medium to very high journal impact factor.
- 61% of HRB researchers gave presentations at international conferences. Of these presentations, 15% were keynote addresses.

Table 1: Summary of outputs from projects and programmes that were completed during 2012

Output type	2012	2011	2010	2009	2008
Number of awards (projects and programmes) completed	117	92	105	111	93
Total number of research jobs created as a result of these grant awards	248	113	209	211	243
Total number of peer-reviewed publications published by people who received these grant awards	418	237	166	302	301
Total number of healthcare innovations emerging as a result of these project and programmes	26	24	26	28	17
Total number of influences and impacts on healthcare policy and practice by people who received these awards	104	191	61	55	51
Commercial opportunities generated (eg patents)	19	15	18	21	N/A
Additional funding leveraged by HRB-funded researchers on foot of their successful work	€32.4 million	€14 million	€11.8 million	€14.7 million	N/A

Note: N/A indicates that these figures were not collected previously. The process for evaluating awards changed to the Payback Framework in 2008, thus enabling the collection of a richer dataset of outcomes and impacts.

Innovation for better healthcare

HRB-funded research investment serves a dual purpose. The primary focus is the creation of opportunities for improved healthcare delivery, better health outcomes and the generation of research evidence to inform policy and improve clinical practice. At the same time, HRB-funded research benefits innovation in the commercial life sciences/biotech sector, both in Ireland and internationally, by putting in place the infrastructure and capacity to enable identification, development, validation and adoption of enterprise outputs within the health and social care system.

In terms of improving healthcare delivery and better patient outcomes, in 2012, grant holders reported that their HRB-funded research had either led to or contributed to the development of a total of 26 healthcare innovations (Figure 3). These innovations included therapeutic and preventive interventions (drugs or vaccines, medical devices, psychological/behavioural interventions), diagnostic and prognostic tools, health ICT systems, new or revised disease management strategies, and clinical decision support tools.

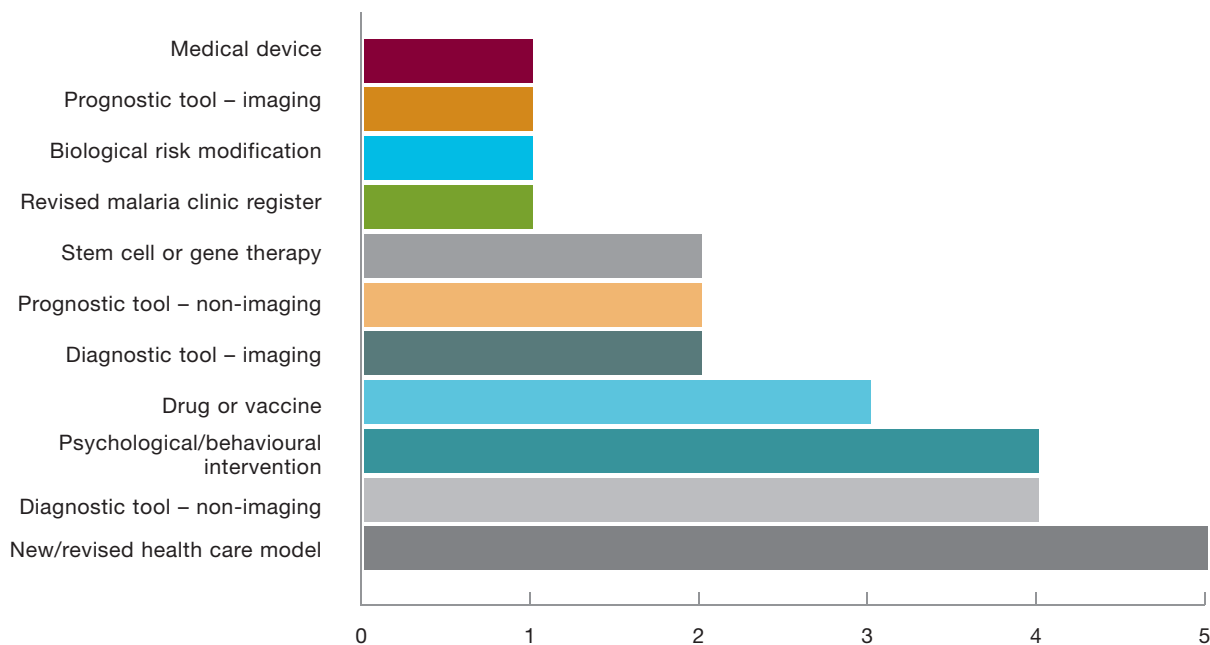


Figure 3: Number of healthcare innovations by type from HRB grants that came to an end in 2012

The examples below further demonstrate our success in this area.

New wound alert card developed for diabetic foot care

A research project on diabetic foot ulcers, which was jointly funded by the HRB and the Medical Research Charities Group, influenced the training of healthcare professionals. Professor Sean Dinneen and his team at NUI Galway participated in the development of the Foot Care Education Programme for Practice Nurses. The 'wound alert cards' that were developed as part of the study are being reviewed at national level with a view to adopting them for widespread use in the National Diabetes Foot Care Programme.

Predicting a recurrent stroke

As a follow-up to the North Dublin Stroke Study, a group of specialists in Ireland have joined forces with Professor Peter Kelly to find ways to better identify people who are at risk of stroke. The team at University College Dublin (UCD) and the Mater Hospital have improved on an internationally used risk scorecard by developing a predictive test. The test determines recurrent stroke risk associated with clinical, lifestyle, acute/convalescent serum markers and MRI profile following a mild to moderate first stroke. The study is improving how those at highest risk of a first stroke, or a recurrence, are being treated on a day-to-day basis in the health service.

An increasingly important indicator of the impact of publicly-funded research in Ireland is the proportion of research grants that are producing outputs that can be commercialised, and the level of collaboration that is being established between the academic sector and the industrial sector. Analysis of end-of-grant reports in 2012 showed that, in total, 19 HRB grant holders reported engagement in 68 commercial activities. Of particular importance, grant holders had established 56 academic-industrial collaborations, which will help to identify health-relevant industry innovations and move these closer to the market.

The example below illustrates our success in this area.

A tissue adhesive for better post-operative outcomes

Adhesives are increasingly used in wound repair. However, these adhesives can cause damage to surrounding tissue over time, and may have some toxic properties. Dr Wenxin Wang and his team at NUI Galway have developed a novel biodegradable and cross-linkable polymer (PDA). This has a controllable curing speed that enables it to work as either a strong, secure and fast-curing adhesive for topical wound closure in emergency situations, or as a controllable curing adhesive for operative deep wounds. Because of its biodegradable properties, this product can overcome the drawbacks of current tissue adhesives as it eventually degrades into non-toxic by-products that can be safely metabolised in the body.

Making an impact on policy and practice

One of the HRB's core objectives is to encourage the uptake of evidence generated through HRB research investment in the development of policy and the improvement of clinical and public health practice. Researchers can ensure that the evidence generated by their HRB-funded research has the potential to influence policy and practice in many ways, including by:

- publication of reports, guidelines, policy briefs, handbooks etc. that are targeted at health policy makers or practitioners
- interactions with research beneficiaries/users in health policy or clinical practice sectors
- advisory roles or expert group memberships (eg guideline or policy development committee)
- instances of HRB-funded research being cited or referred to in key clinical or health policy documents
- research findings being used to inform the education or training of health professionals or policy makers.

HRB researchers are very active in this area and, in total, HRB grant holders reported 104 policy/practice outputs and influences from grants that came to an end in 2012 (Figure 4).

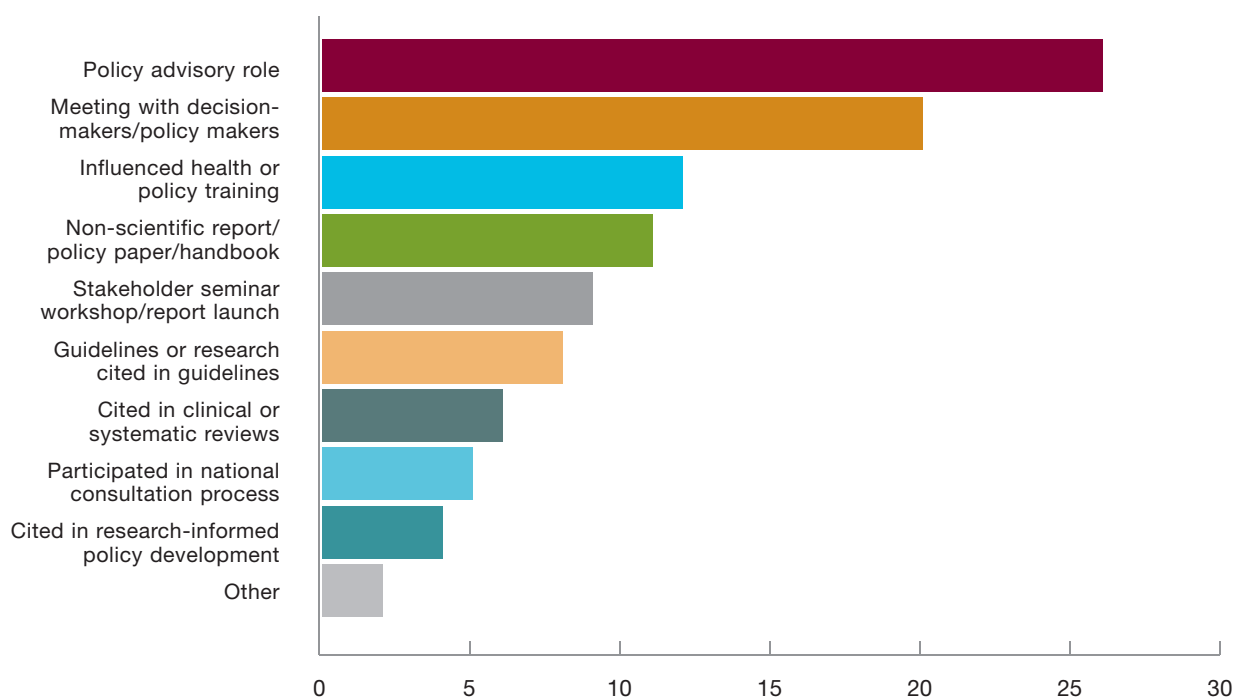


Figure 4: Number of policy and practice outputs and influences by category, linked to projects/programmes whose HRB grant funding came to an end in 2012

The examples below further demonstrate our success in this area.

Policies affecting children's lives

Through her research on children's preferences in relation to healthcare decision-making, Professor Imelda Coyne, Trinity College Dublin (TCD) became a member of the Thematic Policy Group 'Children's voices will be heard', which is developing policy recommendations for the new National Children's Strategy in Ireland. Professor Coyne was also invited to join the core committee for the development of the new National Data Strategy for Children (Department of Children and Youth Affairs).

Guidelines for TB surveillance

Evidence generated through research undertaken by HRB Clinician Scientist, Professor Joe Keane, at St James's Hospital led to him playing a key role on the National TB Advisory Board, which developed national guidelines on Diagnostic Standards and Classification of Tuberculosis in Adults and Children. Professor Keane also contributed to the formulation of the European AIDS Clinical Society (EACS) guidelines on HIV/TB management.

Building the clinical research infrastructure in Ireland

An Irish clinical research system that is fit for purpose must include investment in infrastructures that facilitate rigorous testing of medicinal products, medical devices and diagnostics, as well as the testing of other therapeutic approaches such as physiotherapy, behavioural therapy, surgery, radiation and many other clinical interventions and procedures. During 2012, the HRB carried out significant work aimed at ensuring that Ireland can exploit the opportunities created by basic and applied biomedical research for the improvement of patient care and the needs of the healthcare industry through the development of clinical research infrastructure.

HRB investments in Clinical Research Facilities located on hospital campuses, along with investigator-led clinical trials networks (such as ICORG and the Dublin Centre for Clinical Research (DCCR)), make clinical research feasible and efficient for clinical investigators; they also make clinical research safe for participants and they provide the healthcare industry with access to clinicians and their patients.

During 2012, 255 active studies of all types, involving a total of 3,830 patients, were conducted using these research infrastructures (Table 2). Whereas the CRFs and ICORG focused on the more intense clinical trials, the DCCR Network almost exclusively carried out observational studies and biocollections.

Table 2: Studies active in 2012 and number of patients recruited across HRB clinical research infrastructures

Clinical Research Facilities		DCCR Network		ICORG	
Number of studies	Patients recruited	Number of studies	Patients recruited	Number of studies	Patients recruited
126	695	16	1,673	113	1,462

Investing in people

International evidence shows that a healthcare system in which staff are research aware and engaged delivers better, more innovative care. Healthcare professionals need to work in an environment where learning and new ideas are continually embraced and systematically integrated into everyday work.

The HRB actively encourages healthcare professionals to become involved in – and develop careers in – research through HRB-funded projects and programmes. We have invested in people, projects, programmes and infrastructures in order to integrate research into the heart of healthcare. Of the 248 people who were employed on grants that came to an end in 2012, 77 came from a health professional background (i.e. doctors, nurses and other allied health professionals). Almost one-third of these people also registered for a PhD. A total of 80 postdoctoral researchers and 74 PhD students were supported by HRB funding in 2012; many of these people were working within the health system (Figure 5).

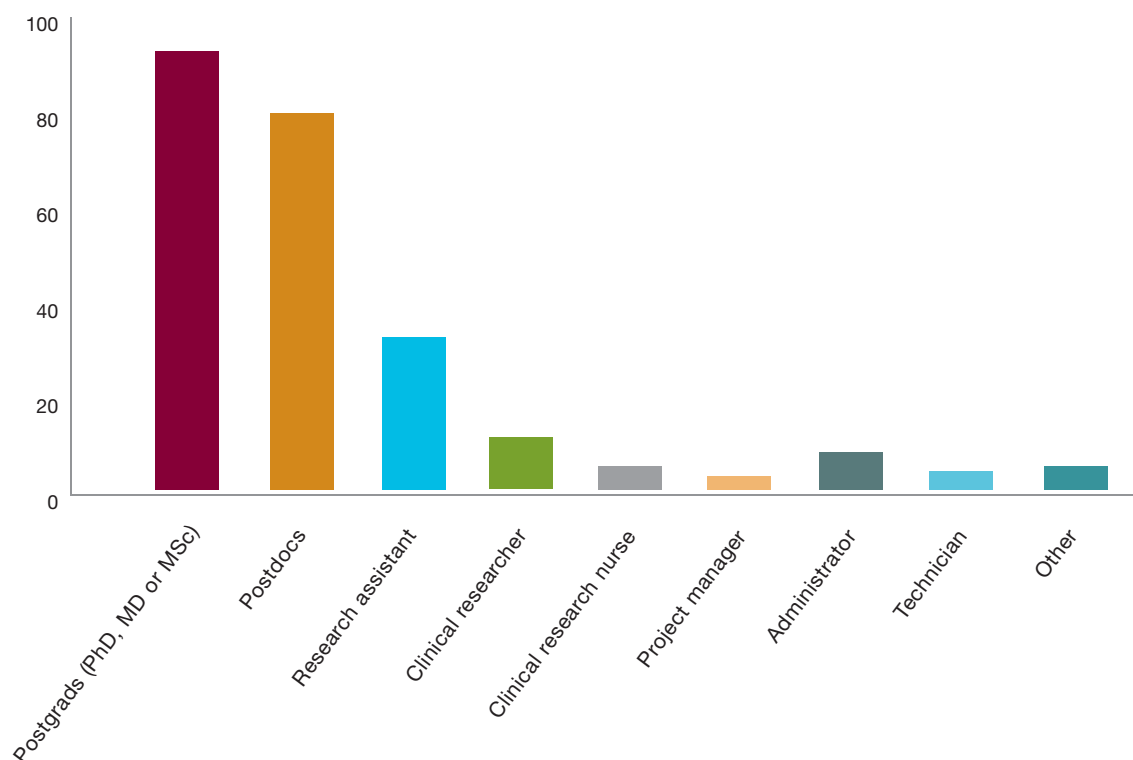


Figure 5: Number of people (categorised by profession/occupation) funded through HRB grants that came to an end in 2012

Spreading the word

Dissemination is at the core of the scientific process. It enables researchers to build on existing scientific knowledge and to develop collaborations with colleagues both nationally and internationally in order to advance particular areas of research. Important indicators of dissemination activity include:

- publication of peer-reviewed scientific journal papers, especially in medium to high-impact international journals which have a wide readership and also have scientific credibility
- oral presentations and poster presentations at specialist national and international conferences
- invitations to present keynote papers at national and international conferences
- collaboration with national and international scientific colleagues.

The 117 HRB-funded projects reported on in 2012 produced 418 peer-reviewed scientific publications, or an average of 3.5 peer-reviewed papers per award. HRB researchers publish in a wide variety of health-relevant international journals.

The average journal impact factor score for HRB publications was 4.9. More than half of these publications (57%) were within the medium-impact category, and a further 28% were in the high- (IF>5) to very high- (IF>10) impact category.

In addition to peer-reviewed publication, the extent to which researchers present their work at national and international scientific conferences is an indicator of international involvement and recognition (Figure 6). Importantly, HRB-funded grant holders appear to be very active on the international scientific stage, with presentations (both oral and poster) at international conferences being the most common dissemination type (720 out of a total 1,173 presentations). Of these, 111 were international keynote presentations. In addition, HRB-funded grant holders received a further 45 invitations to deliver keynote talks nationally – something which is regarded as an important indicator of scientific recognition and prestige by the international community.

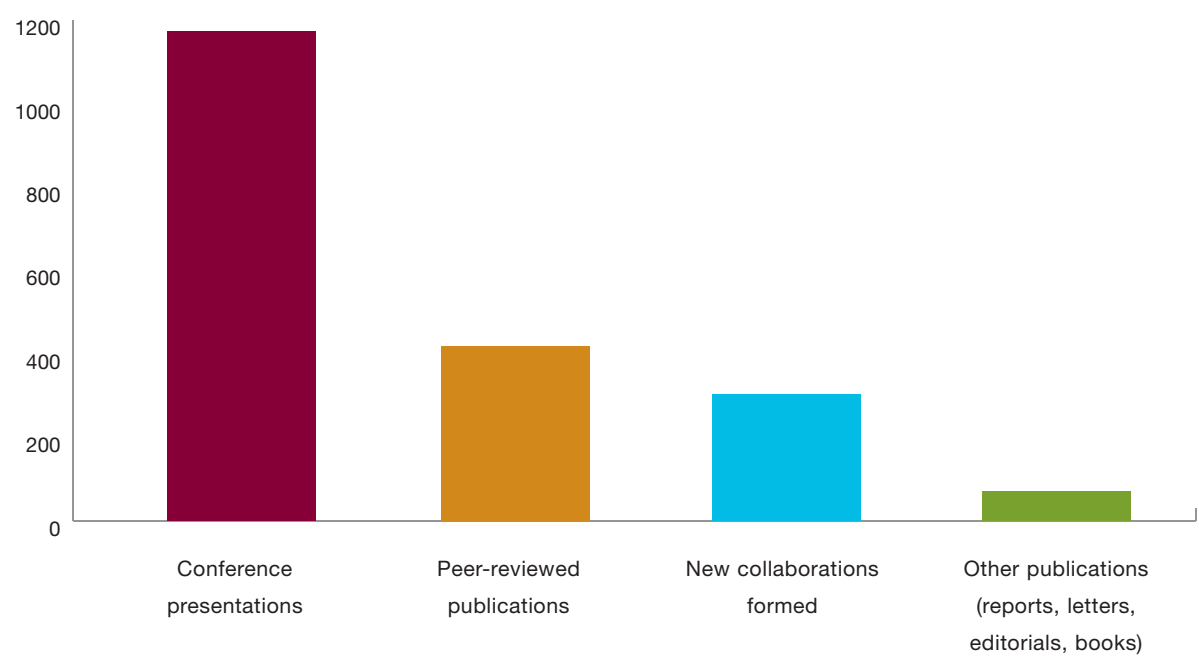


Figure 6: Number of scientific dissemination activities by category linked to HRB grants that came to an end in 2012

Wider dissemination of research findings to non-scientific audiences is vital for improving public understanding of science, for recruiting patients for clinical trials, and for promoting the benefits and value of health research to non-scientific stakeholders. Grant holders reported extensive activities in the area of disseminating research findings. Such activities included coverage of their HRB-funded research in the

national and international press; presentations to lay audiences (general public, patient groups, school talks etc.); radio or television interviews relevant to their HRB-funded research; reference to their research in newsletters or online publications; press releases describing significant research findings.

Engagement with the wider research system

In today's economic environment, it is essential that Irish researchers can leverage funding and access knowledge, expertise and facilities where available, both nationally and internationally.

The EU Framework 7 Programme (FP7) is a particularly important source of non-exchequer funding for Irish health researchers, with a total of €65.9 million awarded to Irish health researchers to date. The HRB has played a vital role in Ireland's success in this programme through the work of its National Contact Points for Health and the National Delegate for Health who provide hands-on support and advice to applicants, and also raise awareness about FP7 nationally (see Table 3).

Since FP7 got under way in 2007, Irish health researchers have consistently performed better than their European counterparts. Irish researchers are involved in 89 successful proposals, of which 25 have Irish coordinators. The HRB has actively encouraged increased participation by Irish clinicians. To date, 15.5% of FP7 health funding coming to Ireland (i.e. €10.2 million) has been awarded to four clinical trials, all of which were coordinated by Irish clinicians. Most of these coordinators were first-time applicants. Three of the trials are based in the HRB Clinical Research Facility, Cork.

Table 3: Success rates of Irish health researchers involved in the EU 7th Framework Programme during 2007-12

Output type	2012	2011	2010	2009	2008	2007
Number of successful partners	21	20	9	13	15	17
Number of successful coordinators	10	3	7	1	4	0
Irish project success rate	42%	41%	80%	50%	24%	24%
EU success rate	39%	41%	41%	42%	20%	17%
Total FP7 health funding awarded to Ireland	€18.6 million	€13.6 million	€17.4 million	€4.4 million	€5.9 million	€6 million

In the case of HRB grants that came to an end in 2012, 85 additional awards were obtained on the back of research findings derived as a result of the original HRB grant. The combined total value of these leveraged grant awards was €32.4 million, of which €18.1 million was from Irish exchequer sources such as Science Foundation Ireland, Enterprise Ireland and the Irish Research Council. Significantly, €14.2 million came from non-exchequer sources such as the EU, medical charities and industry.

The development of collaborations and partnerships with other national and international researchers, charities and professional health bodies, as well as with industry, is vital to enabling this leveraging activity. In the case of the 117 projects and programmes, whose funding came to an end in 2012, grant holders reported the establishment of 304 new collaborations or partnerships during the lifetime of their HRB grants (Figure 7).

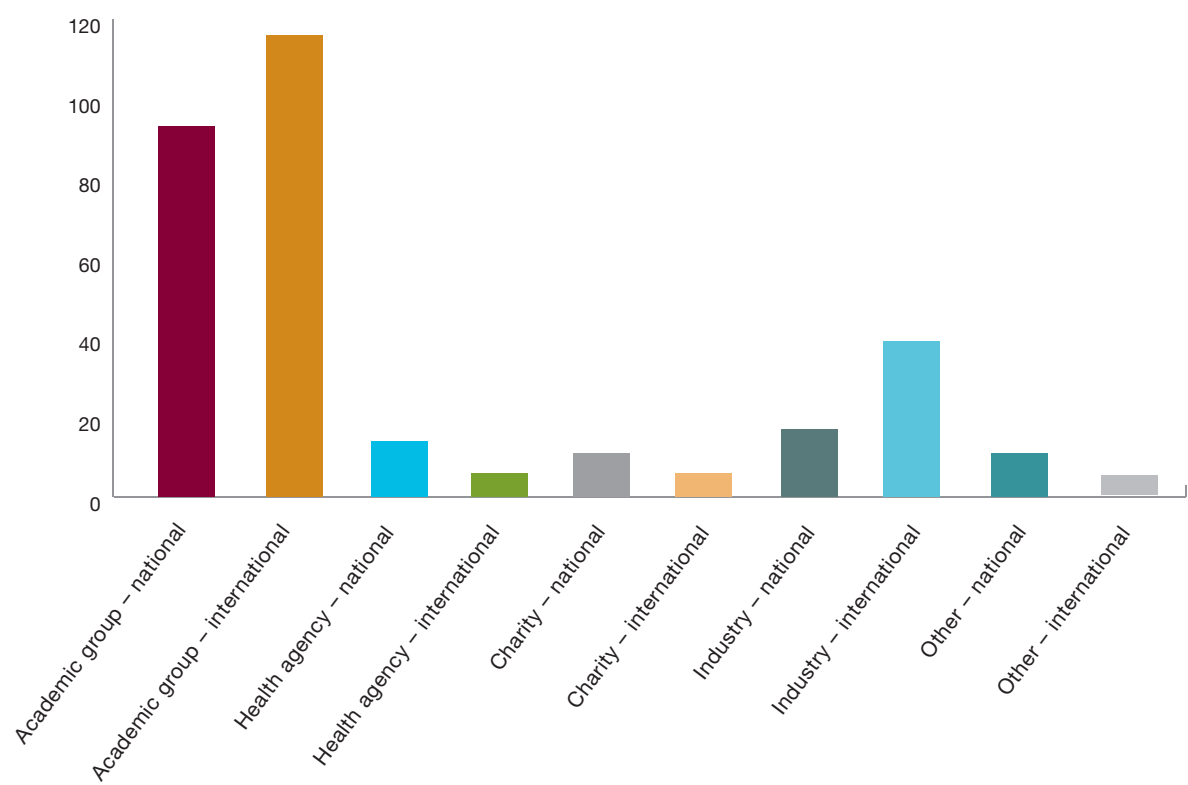


Figure 7: Number of collaborations by category – national and international – associated with HRB grants that came to an end in 2012

Corporate operations



Kevin Roantree,
Director Corporate
Operations, HRB

HRB Corporate Operations supports the efficient delivery of the HRB's primary goals. It encompasses Finance, ICT, Human Resources and Organisational Development, Communications and Corporate Governance. Its activities are designed to uphold best management practices, deliver value for money, and ensure excellent corporate governance. The Directorate also plays a key role in the dissemination of research findings.

Key activities carried out during 2012 included:

- A root-and-branch review of services and commitments to assign organisational priorities, in order to identify opportunities for system and process improvements, as well as to proactively address workforce planning challenges.
- Following collaboration with staff in the Research Strategy and Funding Directorate, a new Grant Electronic Management System (GEMS) commenced implementation. GEMS is a secure, user-friendly, web-based system which manages all stages of the HRB's grant application process, from initial application and peer review to live grant reporting and lifecycle management.
- Adopted and implemented the Civil Service Performance Management and Development System.
- Grew media coverage of HRB-funded research by 32%, with a corresponding increase of 26% in media advertising value equivalent (M-AVE). National dailies accounted for 29% of the overall volume and 67% of the total value.
- Participated in the European Science Open Forum and developing the CURIOUS? street art exhibition as part of the Dublin City of Science 2012 initiative.

Corporate governance

The Board

The HRB Board comprises ten members appointed by the Minister for Health as set out in Article 5 of the Health Research Board (Establishment) Order 1986 (S.I. No 279 of 1986) as amended. The quorum for meetings of the Board is five.

The following five members of the Board retired by rotation on 11 June 2012:

Dr Reg Shaw (Chairman)

Professor Catherine Godson

Professor Michael Kerin

Professor Frances Ruane

Mr Brian Sweeney

On 13 December 2012, the Minister for Health appointed three new members to the Board. Two Board vacancies remained at end 2012. The newly appointed board members attended their first board meeting on 15 February 2013.

The new members of the Board are:

Dr Declan Bedford (Chairman)

Professor MJ Duffy

Dr Tom O'Callaghan

Board members in December 2012



Dr Declan Bedford
(Chairman)
Specialist in Public Health
Medicine



Professor Conor M Burke
Consultant Respiratory
Physician
James Connolly Hospital and
Mater Hospital



Dr Colin Doherty
Consultant Neurologist
St James's Hospital, Dublin



Professor MJ Duffy
Adjunct Professor
School of Medicine and
Medical Science
University College Dublin



Dr Tom O'Callaghan
Clinical Director of
Livinghealth Clinic



Mr John McCormack
Chief Executive
Irish Cancer Society



Professor Prem Puri
National Children's
Medical Research Centre,
Dublin



Dr Marion Rowland
Catherine McAuley Research
and Education Centre
University College Dublin



Ms Carol Cronin
Secretary to the Board
(not a Board member)

Board committees

The Board has established three committees to assist it in carrying out its functions:

Audit Committee

The Audit Committee assists and supports the Board in monitoring financial reporting, reviewing the effectiveness of internal controls, controlling the internal audit function, and communicating with external auditors. The Committee met once during 2012.

Members: Mr Brian Sweeney (Chair)	Professor Frances Ruane
(until 11 June 2012)	(until 11 June 2012)
Professor Catherine Godson	Dr Eamonn Cahill
(until 11 June 2012)	(external)
Dr Marion Rowland	

Research Priorities Committee

The Research Priorities Committee advises the Board on research funding schemes and initiatives, and on the compliance of expenditure plans in relation to the *HRB Strategic Business Plan 2010–2014*. The Committee met twice during 2012.

Members: Professor Catherine Godson (Chair)	Mr Brian Sweeney
(until 11 June 2012)	(until 11 June 2012)
Dr Colin Doherty	Professor Hannah McGee
Professor Michael Kerin	(external)
(until 11 June 2012)	Professor Ivan Perry
Mr John McCormack	(external)

Management Development and Remuneration Committee

The Committee oversees the procedure for the selection of the Chief Executive; reviews the remuneration of the Chief Executive within the guidelines set from time to time by the Government, and acts as a consultative group to the Chief Executive, to review the performance and development of the senior management team. The Committee normally meets once each year, but it did not meet during 2012.

Members: Dr Reg Shaw (Chair)	Professor Michael Kerin
(until 11 June 2012)	(until 11 June 2012)
Professor Frances Ruane	Professor Prem Puri
(until 11 June 2012)	

Table 4: Board members attendance at meetings during 2012

	Board meetings	Audit Committee meetings	Research Priorities Committee meetings
Dr R Shaw (Chair)	2 (2)	–	–
Professor C Burke	3 (4)	–	–
Dr C Doherty *	3 (4)	–	1 (2)
Professor C Godson **	1 (2)	1 (1)	2 (2)
Professor M Kerin *	2 (2)	–	1 (2)
Mr J McCormack *	3 (4)	–	2 (2)
Professor P Puri	3 (4)	–	–
Dr M Rowland #	4 (4)	1 (1)	–
Professor F Ruane #	1 (2)	1 (1)	–
Mr B Sweeney **	2 (2)	1 (1)	2 (2)
External			
Dr E Cahill #	–	1 (1)	–
Professor H McGee *	–	–	1 (2)
Professor I Perry *	–	–	1 (2)

Note: Figures in brackets indicate the number of meetings that took place during the Board/Committee member's period in office.

indicates membership of the Audit Committee; * indicates membership of the Research Funding Priorities Committee.

Legislation

The Health Research Board is an autonomous statutory agency set up under the Health Research Board (Establishment) Order 1986 (S.I. No. 279 of 1986) as amended. The functions of the Health Research Board are set out as:

- To promote, assist, commission or conduct health research to improve health and increase the effectiveness of the health services.
- To maintain, develop or support health information systems for the purposes of research and to provide the evidence for health policy and services.
- To liaise and co-operate with other research bodies in the State and outside the State in the promotion, commissioning or conduct of relevant research.
- To liaise with other health information bodies in the State and, where appropriate, outside the State in the development and support of health information systems.
- In discharging its functions the Health Research Board is required to have regard to such general research aims and objectives as the Minister for Health may from time to time determine, and have regard to excellence and relevance to health and best international practice.

In addition to its own governing legislation, the Health Research Board is also required to comply with a range of other statutory (national and EU) and administrative requirements. In particular, it has put in place procedures to ensure compliance with the following specific requirements:

Code of Practice for the Governance of State Bodies

The Health Research Board fully complies with the Code of Practice for the Governance of State Bodies. It reports to the Department of Health annually, and it has its own Governance Manual in place. The Health Research Board is compliant with the guidelines on risk management included in the Code. Risks are brought to the Audit Committee and to the Board, where appropriate, at regular intervals and are discussed at Executive Team meetings.

Disclosure of interests

In accordance with Article 13 of the Health Research Board (Establishment) Order, members of the Board, members of committees and award selection/evaluation panels, as well as Health Research Board staff are required to disclose pecuniary or other beneficial interests in, or material to, any matter that falls to be considered by the Health Research Board, and to exclude themselves from the decision-making process.

In accordance with the provisions of the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, all Health Research Board members and staff holding designated positions have provided statements of interest, and the Health Research Board maintains a Register of Board and Committee Members' Interests.

Freedom of Information Acts 1997 and 2003

The Health Research Board is a prescribed body under the Freedom of Information Acts. These Acts provide a legal right to individuals to obtain access to information held by public bodies, to the greatest possible extent, consistent with the public interest and the right to privacy. However, the Acts provide strong protections for individuals or research teams who supply information to the Health Research Board that is confidential, commercially sensitive or personal. Requests for information under this legislation should be addressed to the Freedom of Information Officer, Health Research Board, 73 Lower Baginbun Street, Dublin 2.

Data Protection Acts 1988 and 2003

The Health Research Board is committed to a policy of protecting the rights and privacy of individuals in accordance with data protection legislation.

Re-use of Public Sector Information Regulations 2005

The Health Research Board complies with the regulations on the Re-use of Public Sector Information (European Communities (Re-use of Public Sector Information) Regulations 2005 (SI 279 of 2005)) and encourages the re-use of the information that it produces.

The Safety, Health and Welfare at Work Act 2005

The Health Research Board continues to take appropriate measures to protect the safety, health and welfare of all employees and visitors within its offices in order to meet the provisions of this Act, and it has taken steps to communicate both the rights and obligations of employers and employees under the Act.

Disability Act 2005

The Health Research Board is required to comply with the Disability Act 2005. The Act places obligations on public sector employers to meet the target of ensuring that at least 3% of its workforce comprises people with disabilities, and that they report on an annual basis in relation to the numbers of people with disabilities in their employment and the measures they are taking to employ people with disabilities.

Employment Equality Acts 1998 and 2004

The Health Research Board is committed to a policy of equal opportunities, and it strives to be an employer where individual contributions are encouraged and differences are valued. To this end, the HRB is committed to ensuring that no staff member, or applicant for employment, receives less favourable treatment than any other on grounds of gender, marital status, family status, sexual orientation, religion, age, disability, race, membership of the Traveller community, or any other grounds that are not relevant to good employment practice.

Public procurement

The Health Research Board applies national rules and EU public procurement Directives to the purchase of goods and services. Where practicable, the Health Research Board avails of framework agreements put in place by the National Procurement Service.

Prompt payment of accounts

The Health Research Board comes under the remit of the Prompt Payment of Accounts Act 1997 and the European Communities (Late Payment in Commercial Transactions) Regulations 2002, and it is committed to meeting its obligations under the 15-day Prompt Payment Rule which came into effect on 1 July 2011. It has processes in place to track all invoices, and weekly payment runs are carried out, in order to ensure prompt payment.

Corporate management reporting

The Health Research Board (Establishment) Order sets out a requirement to prepare an annual service plan and five-year corporate plans. The Health Research Board has a process in place for guiding the development of these documents and it also has in place a reporting framework for monitoring progress.

Extract from the Financial Statements

Revenue Income and Expenditure Account

for the year ended 31 December 2012

	2012	2011
	€	€
INCOME		
Department of Health Revenue Grant	31,916,000	30,300,000
Other Research Funding	1,133,613	1,570,329
Interest Receivable and Other Income	20,850	8,577
Transfer to Capital Reserves of Amount Allocated to Fund Fixed Assets	(14,669)	(8,886)
	33,055,794	31,870,020
EXPENDITURE		
Awards	26,154,534	24,945,503
Health Information Systems	1,231,950	1,287,048
Evidence Generation and Knowledge Brokering	989,605	1,064,102
Corporate Expenditure and Programme Management	4,661,079	4,591,760
	33,037,168	31,888,412
SURPLUS/(DEFICIT) FOR THE YEAR	18,626	(18,392)
Revenue reserve at 1 January	36,024	54,416
REVENUE RESERVES AT 31 DECEMBER	54,650	36,024

Capital Income and Expenditure Account

for the year ended 31 December 2012

	2012 €	2011 €
INCOME		
Department of Health Capital Grant	7,047,988	7,710,105
Amortisation of Capital Fund Account	44,489	58,491
	7,092,477	7,768,596
EXPENDITURE		
Awards	6,987,306	7,710,105
Grants Database	45,000	–
National Documentation Centre Interactive Tables	15,682	–
Depreciation	44,111	58,491
Loss on Disposal of Fixed Assets	378	–
	7,092,477	7,768,596
SURPLUS/(DEFICIT) FOR THE YEAR	–	–

Balance Sheet

as at 31 December 2012

	2012 €	2011 €
FIXED ASSETS		
Tangible assets	104,276	134,096
CURRENT ASSETS		
Debtors	280,425	363,292
Investments	641	641
Cash at bank and on hand	156,126	108,540
	437,192	472,473
CURRENT LIABILITIES		
Amounts falling due within one year:		
Creditors	382,543	436,450
	382,543	436,450
NET CURRENT ASSETS	54,650	36,023
NET ASSETS	158,926	170,119
RESERVES		
Accumulated surplus on income and expenditure account	54,650	36,024
Capital fund	104,276	134,096
	158,926	170,120

Appendix A – List of HRB publications

Alcohol: Public Knowledge, Attitudes and Behaviours. (2011) Dublin: Health Research Board

A Picture of Health 2012 – A snapshot of HRB-funded research. Dublin: Health Research Board.

Curran B, Barrett R (2012): *Review of All-Ireland Cochrane Training Fellowship Scheme.* Dublin: Health Research Board.

Carew AM, Doyle A (2012): *Issue 6: Measure of Activity and Participation (MAP): Activity, participation and assistive technology.* Dublin: Health Research Board.

Daly A, Walsh D (2012): *Activities of Irish Psychiatric Units and Hospitals 2011: main findings.* HRB Statistics Series 17. Dublin. Health Research Board

Daly A (2012) *NPIRS National Bulletin 2011.* Dublin: Health Research Board.

Daly A (2012) *NPIRS HSE Dublin Mid-Leinster Bulletin 2011.* Dublin: Health Research Board.

Daly A (2012) *NPIRS HSE Dublin North-East Bulletin 2011.* Dublin: Health Research Board.

Daly A (2012) *NPIRS HSE South Bulletin 2011.* Dublin: Health Research Board.

Daly A (2012) *NPIRS HSE West Bulletin 2011.* Dublin: Health Research Board.

Doyle A (2011) *Annual Report of the National Physical and Sensory Disability Database Committee 2011.* HRB Statistics Series 16. Dublin: Health Research Board.

Drug-related deaths and deaths among drug users in Ireland, Dublin: Health Research Board. Figures from the National Drug-Related Deaths Index (NDRDI) on deaths due to poisoning by alcohol and/or other drugs, and deaths among drug users, in the period 2004-2009.

HRB Annual Report 2010. Dublin: Health Research Board.

HRB Annual Report 2011. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2012) *Drugnet Ireland.* Issue 41, Spring. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2012) *Drugnet Ireland*. Issue 42, Summer. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2012) *Drugnet Ireland*. Issue 43, Autumn. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2012) *Drugnet Ireland*. Issue 44, Winter. Dublin: Health Research Board.

Kelly C (2011): *Annual Report of the National Intellectual Disability Database Committee 2011*. HRB Statistics Series 17. Dublin: Health Research Board.

Journal Publications

Kelly F and McConkey R (2012) Changes in the provision of residential care for adult persons with an intellectual disability: a national longitudinal study. *Tizard Learning Disability Review*, 17(1), 4-10.

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McConkey R, Kelly F, Craig S and Mannan H (2012) A longitudinal study of the intra-country variations in the provision of residential care for adult persons with an intellectual disability. *Journal of Intellectual Disability Research*, 2012.

Morrissey K, Daly A, Clarke G, O'Donoghue C and Ballas D (2012) A rural/urban comparison of psychiatric inpatient admissions in Ireland. *Journal of Public Mental Health* 11 (4) 209-213.

Notes



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