



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

HEALTH AND SOCIAL CARE REFORM

DHSSPS

Modernisation and Improvement Programme

Board (MIPB)

Research & Development

Function within the RAPHSW

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Introduction

This paper has been developed by the **Research and Development (R&D) strand of the Establishment workstream** of the Regional Agency for Public Health and Social Wellbeing (the Agency) project and will form a section of its operational framework. It has been developed in liaison with a wide range of stakeholders and has been endorsed by the Agency Project Board.

This paper describes a comprehensive set of functions associated with the provision and development of a high quality R&D function. It identifies the respective roles and responsibilities of the various Health and Social Care (HSC) organisations in relation to R&D in Northern Ireland

It also provides a business model and accountability framework that shows how the new HSC organisations need to work together to commission, provide, monitor and quality assure R&D programmes.

It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental www.dhsspsni.gov.uk/index/hss/rpa-home.htm

Further information on this document or the Regional Agency for Public Health and Social Wellbeing may be obtained from the Project Director:

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Modernisation and Improvement Programme Board

1 Background

- 1.1 The HSC R&D Office encourages, supports and invests in high quality HSC R&D with the aim of developing Northern Ireland as a national and international centre for research & Development in health and social care.
- 1.2 We are committed to ensuring HSC R&D meets the needs of the DHSSPS and HSC and helps build the evidence base that informs decisions about both existing and new health and social care interventions and services. HSC research helps patients and the public understand health issues and make informed decisions about health behaviour and health & social services; front-line health and social care professionals make informed decisions about the clinical effectiveness of care interventions; and policy makers draw on the evidence base that supports policy development. Our five strategic priorities are:
- **developing an enabling infrastructure** to support HSC R&D
 - **building research capacity** for HSC R&D
 - **funding** HSC R&D
 - **supporting innovation** as a means of transferring HSC R&D findings into practice
 - **ensuring patient and public involvement** in HSC R&D
- 1.3 The HSC R&D Office focuses on Northern Ireland, however, it maintains critical working relationships with its counterparts in the other UK administrations (the Research and Development Directorate, Department of Health, England, the Wales Office of Research and Development of Health & Social Care, Welsh Assembly Government, and the Scottish Government, Chief Scientist Office, Health Department), other UK wide research policy and funding bodies (eg research councils and funders fora), Republic of Ireland bodies (eg the Health Research Board), and international organisations (eg the National Cancer Institute, USA, the National Institutes for Health, USA).
- 1.4 The current RPA planning assumption, of transfer to the new Regional Agency for Public Health and Social Wellbeing (RAPHSW), will place the HSC R&D Office as one of a number of RAPHSW region-wide services. This Framework provides a high level overview of the work of the HSC R&D Office placing the Office within the context of the HSC and within the wider context of the HSC R&D community. Additional reference material is included for information as a series of annexes. A list of abbreviations used in this submission is provided in Annex A.

2 Functions

- 2.1 The HSC R&D Office was created to support and encourage HSC R&D in health and social care throughout the HSC and throughout the wider HSC R&D community as a means of securing lasting improvements in the health and social wellbeing of the population of Northern Ireland. The Office focuses on clinical research in its widest sense. This encompasses the complete spectrum of health and social care including public health. As well as providing direct funding of HSC R&D, the Office has a key role in promoting, co-ordinating and facilitating the conduct of HSC R&D by HSC organisations and by non-HSC organisations including the academic, voluntary and commercial sectors.

2.2 The HSC R&D Office supports a combination of strategic and operational functions under six main groupings:

- provision of Departmental/Ministerial advice and the development of policies and procedures governing the conduct of HSC R&D.
- representation and engagement with a variety of organisations at local/national/international levels maintaining strategic links and developing collaborative partnerships.
- development and maintenance of strategic direction within a Northern Ireland, Ireland, UK and international context.
- creation of a supportive HSC R&D infrastructure.
- provision of HSC R&D funding opportunities and the management of individual research awards and the HSC R&D Fund.
- maintenance and development of HSC R&D Office support and infrastructure.

Annex B provides more detail on the twenty specific functions within these groupings.

3 Roles and responsibilities

- 3.1 The proposed organisational arrangements for the HSC R&D Office need to be viewed in a wider context both in terms of collaborative partnerships and interdependencies. However, although other HSC bodies are involved in HSC R&D this is mainly in the identification of research needs, the prioritisation of these needs and in the conduct of research. The HSC R&D Office is the lead organisation with sole accountability for delivery of the full R&D function. It is important to recognise that the portfolio of R&D supported by the Office must relate to the complete spectrum of health and social care, ie not public health alone.
- 3.2 Although the HSC R&D Office was established to centralise the funding/commissioning of research it is apparent that other research commissioning activity still takes place. There is an opportunity to regularise this situation and bring outlying activity within the HSC R&D Office work stream.

Regional Agency for Public Health and Social Well-being

- 3.3 The R&D function within the RAPHSW is to ensure the efficient and effective delivery of HSC R&D and operational management of the HSC R&D Office function. A key dependency in the discharge of that function is the relationship between the Director of Research and Development/Chief Scientific Adviser (DRD/CSA) and the HSC R&D Office. The DRD/CSA provides scientific input and opinion to the HSC R&D Office function. For this purpose the DRD/CSA will act as an embedded Officer in RAPHSW.

Department

- 3.4 The HSC R&D Office links to the Department primarily via the post of DRD/CSA. This post has 2 aspects, one Director of R&D (DRD) and the second Chief Scientific

Adviser (CSA). The post holder is seconded to the DHSSPS and advises DHSSPS on policy and legislative issues relating to scientific and research matters. The HSC R&D Office will support the DRD/CSA in the provision of expert advice and guidance and may represent the DRD/CSA on regional, national, and international committees and working groups in the discharge of his/her duties.

- 3.5 The DRD must also provide regional leadership on scientific, strategic and research matters for the wider HSC R&D community and in this role he/her is supported by the Strategic Advisory Group (SAG). The Group is chaired by the DRD/CSA and draws wide representation locally, nationally and internationally (see paragraph 5.2). It helps ground the work of the R&D Office in DHSSPS /HSC priorities and links to national and international initiatives while also validating the work of the Office in terms of broader scientific/research management.

Regional Health and Social Care Board

- 3.6 The RHSCB has an important role to play in setting the R&D agenda and it will therefore be represented as a member of SAG. The Commissioned Research Framework is designed to be inclusive and it is expected that RHSCB will be involved along with other HSC bodies.

Regional Business Services Organisation (RBSO)

- 3.7 Some of the key business systems and services required by the HSC R&D Office may be provided by the RBSO eg legal services, procurement, finance and human resources under the evolving shared services arrangements where these are not available 'in-house' from the RAPHSW. The RBSO also houses ORECNI. The HSC R&D Office through its membership of the UK Ethics Committees Authority maintains an oversight role but has no direct management responsibility. This arrangement avoids any perceived conflict of interest and preserves the independence of ORECNI.

Patient and Client Council (PCC)

- 3.8 The PCC will also have a seat on the SAG and it is anticipated that the PCC will also be involved in pursuing one of the Office's five strategic priorities to ensure patient and public involvement in HSC R&D.

HSC Trusts

- 3.9 The Trusts along with the two universities are the main providers of HSC R&D and house the infrastructure that supports HSC R&D. The HSC R&D Office maintains both a contractual relationship and a close working relationship with the Trusts through the SAG and other working groups.

Non-HSC Bodies

- 3.10 Delivery of the HSC R&D Strategy '*Research for Health & Wellbeing 2007-2012*' requires the HSC R&D Office to build and sustain mutually beneficial partnerships with a wide range of organisations outside of HSC here in Northern Ireland, in the wider island of Ireland, and in the rest of the UK and beyond.
- 3.11 In Northern Ireland the HSC R&D Office work closely with the two universities, other government departments as well as the charitable and industrial sectors. The collaborative working arrangements reflect the cross-cutting nature of HSC R&D and

the wide currency of its outputs. HSC R&D is dependent on the academic sector both in terms of access to world-class research staff and to leading-edge research facilities. The HSC is also dependent on academia for the education and training of doctors, dentists, social workers, pharmacists, nurses and allied health professions. The close relationship between the HSC and academia brings significant benefits for Northern Ireland's two universities. The HSC R&D Fund provides core support for many research groupings particularly in the QUB Faculty of Medicine, Dentistry and Biomedical Sciences. The core funding has allowed the universities to lever in significant additional funding from sources of external support including research councils and major research charities. The voluntary sector, as well as being an important provider of Health and Social Services, is also a source of HSC R&D funding. As a partner in the UKCRC, the HSC R&D Office is working to ensure that the HSC can benefit from commercial investments in clinical research and from the economic benefits associated with the transfer of research-derived innovation into drugs, devices and new interventions.

- 3.12 As Health and Social Care research becomes more dependent on national and international collaborations, the HSC R&D Office has worked hard to develop productive partnerships with a range of organisations outside of Northern Ireland including the Health Research Board (HRB) in Dublin, the National Cancer Institute (NCI) in Washington, the Cochrane Collaboration, the three other UK Health Departments, and the various national organisations operating under the umbrella of the UKCRC. Alliances created under the Ireland-Northern Ireland-NCI Cancer Consortium provide access for HSC clinicians, scientists and patients to the world-class facilities of the NCI in Washington. These alliances and collaborations are advanced through a range of mechanisms including membership of standing committee and ad-hoc working groups and participation in various, policy, guidance funding, and dissemination activities. Annex C lists some of our key alliances and collaborative partnerships.
- 3.13 A significant amount of effort has been invested in the UKCRC over the past few years and this UK-wide collaboration has changed the landscape of NHS/HSC R&D. The HSC R&D Office is fully engaged with the UKCRC initiative and contributes to all of its workstreams. Annex D details current membership of UKCRC committees and working groups. The UKCRC will continue to require a significant contribution from HSC R&D Office staff if the HSC is to benefit from the opportunities it presents. To date over £10 million of grants have been secured for HSC R&D from UKCRC initiatives. These include the Northern Ireland Centre of Excellence for Public Health Research and the new Clinical Research Facility. The HSC R&D Office also maintains a close working relationship with the Health Research Board in Dublin and we operate a number of joint funding schemes. By working together, the HSC R&D Office and the HRB secured a world-first providing citizens in the island of Ireland free access to the Cochrane Library of Systematic Reviews. The Ireland/Northern Ireland/National Cancer Institute/Cancer Consortium is another important joint initiative which, since 1999, has given scientists and researchers access to the world class expertise and facilities in the National Cancer Institute in Washington DC.

4 Business Model

- 4.1 The HSC R&D Office has a small staff complement delivering a comparatively wide range of inter-related functions. The Office is structured around three main groups of staff – admin support, strand leads and senior management. Currently, three of the complement of sixteen posts are vacant. An organisation chart is provided at Annex E. The annual running cost of the Office is £782,000.

- 4.2 Admin Support provides the essential underlying infrastructure required for the day to day operation of the Office. The Strand Leads handle the administration of the 200 plus research grants, maintaining grant files, forward budgets, processing claims and liaising with internal and external finance offices and the HSC Trust and university research offices.
- 4.3 The Programme Managers are responsible for the portfolio of research grants. They liaise directly with grant holders and work closely with the Strand Leads authorising budget adjustments and approving payments. The Programme Managers also provide key scientific input and scrutinize progress of individual grants throughout the year and review annual progress reports. The Programme Managers, in the conjunction with the Strand Leads, manage research calls through the sequence of application, evaluation and post award scrutiny and formal offer of award. Programme Managers also liaise with the various HSC professions supporting and promoting HSC R&D and lead on specific aspects of research governance.
- 4.4 The Office Manager and Grants Manager are responsible for the operation of key internal controls covering line management responsibilities, budget monitoring, grant monitoring, financial reconciliation, year-end accruals, audit liaison, assurance controls, risk management register and Office procedures manuals.
- 4.5 The Head of Office is responsible for all aspects of HSC R&D Office delivery against its annual Service Delivery Plan and for all personnel, finance and information resource management. Over and above these operational responsibilities the Head of Office holds a significant representative, strategic and policy role helping develop forward direction and advancing research governance policy. The Head of Office is also directly accountable for the HSC R&D Fund.
- 4.6 The only viable business model is as a centralised office. A distributed model would not be compatible with the cross-support given and required by the small number of specialised staff.
- 4.7 The DRD as well as providing strategic leadership for HSC R&D, underwrites the scientific integrity of the HSC R&D Office. The DRD will chair evaluation panels and assist with identification of scientific referees, the evaluation of annual and final progress reports and the general exercise of scientific judgement. Increasingly the role of DRD is as a 'national player' focusing on maintaining and developing strategic links through Northern Ireland, Ireland, the UK and further afield. Recent successes in attracting external funding reflect the importance of this activity. A list of committee and working group membership is provided at Annex F. This illustrates the importance of partnership working to the HSC R&D Office.
- 4.8 The HSC R&D Office relies on a number of external services which are currently provided by the Central Services Agency at an annual cost of £164,000. These include Finance, Human Resources, Legal Services and ICT.
- 4.9 The finance functions required by the Office include:
- General Ledger (255 live cost centres)
 - Salaries and wages payments
 - Grant and goods & services payments (£11.5 million in 2007-08 represented by 752 invoices)
 - Management accounts

- budget
- monthly outturn reports
- Internal audit
- Final accounts (HSC R&D Office included in Central Services Agency overall accounts)

4.10 The Office requires the normal Human Resources functions including recruitment.

4.11 Legal advice is currently provided by the Central Services Agency Directorate of Legal Services.

4.12 The Office currently relies on the Central Services Agency Regional Supplies Service (RSS) for all aspects of procurement. Research calls are however handled solely by the HSC R&D Office with no RSS involvement.

4.13 The Central Services Agency ICT unit provides a range of ICT services. The HSC R&D Office systems are hosted by the Central Services Agency main servers and the Office has access to a help desk and on-site support. The ICT systems used by the HSC R&D Office are listed at Annex G.

4.14 The Office would aim to increase the functionality of its website and move to more web-based systems. In particular, there is an aspiration to utilise a web-based portal system based on SharePoint technology. This technology is currently being developed by the National Institute of Health Research ICT programme and Northern Ireland's needs could be delivered under this programme. This would provide a single HSC R&D portal with both an intranet and internet provision which leads to the HSC R&D Office, the Northern Ireland Clinical Research Network and other elements of HSC R&D infrastructure. This arrangement would provide coherence with the wider NHS R&D, easy access to UK-wide initiatives such as the Integrated Research Approvals System and provide cost effective and resilient solutions bespoke research management systems solutions.

5 *Accountability*

5.1 The RAPHSW Chief Executive as Accountable Officer for the Agency is responsible for the management and stewardship of the HSC R&D Fund. This Fund is allocated annually by the DHSSPS and is held as ring-fenced funding. It will not be available to the Agency outside of the context of the HSC R&D Office.

5.2 The HSC R&D Fund currently stands at £12.7 million and is used in its entirety to implement the HSC R&D Strategy. The Fund directly supports HSC research including the capacity building initiatives and infrastructure investment, individual research grants as well as the running costs of the HSC R&D Office (Annex K). In all instances, research awards are based on independent, scientific peer review. The scientific accountability for the HSC R&D Office function is underwritten by the input and opinion of the DRD (see paragraph 3.3).

- 5.3 The purpose, context and high level delivery targets for the HSC R&D Office are set out in '*Research for Health & Wellbeing 2007-2012*'. This strategy document is augmented by an annual Service Delivery Plan (Annex H). The annual plan provides a key accountability mechanism providing a formal basis for quarterly monitoring and scrutiny of HSC R&D Office performance by the Agency.
- 5.4 This corporate accountability mechanism is complemented by the existing SAG chaired by the DRD. The SAG provides strategic guidance to the HSC R&D Office and scientific accountability to the wider HSC R&D Community. Membership of this group reflects the national and international nature of HSC R&D. Its terms of reference and membership are included at Annex I. Further accountability is provided through the Health and Social Care Research Forum which has an inclusive membership drawn from those engaged in HSC R&D and the HSC user community providing an advisory/consultative mechanism and an effective voice to this wider community. Currently there are over 120 members of the Forum. The Terms of Reference are given at Annex J.
- 5.5 It is proposed that these accountability arrangements would be supplemented by an RAPHSW R&D Business Performance & Development Sub-Committee. The focus of this sub committee would be on delivery against the annual Service Delivery Plan. These combined mechanisms will provide robust accountability arrangements with clear lines of responsibility which capture both the strategic and operational elements. To assure the RAPHSW and Department regarding discharge of its responsibilities, the DRD/CSA and other R&D Office staff would attend RAPHSW Board and DHSSPS Board meetings by invitation, to provide expert input as required.
- 5.6 It is proposed that the HSC R&D Office continues to exist as a discrete entity within the RAPHSW helping preserve the existing identity of the HSC R&D Office, support the cross-cutting nature of the work it funds, maintain visibility and parity with its counterparts in the devolved administrations (England, Scotland and Wales see paragraph 1.3).
- 5.7 There is no formal accountability arrangement with the RHSCB beyond its membership of the SAG.
- 5.8 The accountability arrangement with HSC Trusts is effectively bi-directional. The Director of Research from each of the five HSC Trusts is a member of the SAG. They also sit on the regional Research Governance Working Group. The HSC R&D Office funds their protected time and they are accountable for the research activity within their organisations.

Annex A

Glossary of Abbreviations

AAHT	Altnagelvin Area Hospital Trust
A-ICORG	All-Island Co-operative Oncology Group
AMRC	Association of Medical Research Charities
BCHT	Belfast City Hospital Trust
CAHT	Causeway Area Hospital Trust
CCRCB	Centre for Cancer Research and Cell Biology
CP	Cerebral Palsy
CR CTU	CR-UK Clinical Trials Unit
CRSC	Clinical Research Support Centre
CR-UK	Cancer Research UK
CSA	Central Services Agency
CSGs	Clinical Study Groups
CTU	Clinical Trials Unit
DEL	Department of Employment & Learning
DETI	Department of Enterprise, Trade & Investment
DH	Department of Health
DHSSPS	Department of Health & Personal Social Services
DNA	Deoxyribonucleic Acid
DRD	Director of Research & Development for the HPSS
EHSSB	Eastern Health & Social Services Board
ENO	Exhaled Nitric Oxide
ESRC	Economic and Social Research Council
EU	European Union
GCP	Good Clinical Practice

GPARTS	GP Research Registrar Scheme
GPs	General Practitioner
HSC	Health & Social Care
HSC R&D	Health & Social Care Research & Development
HSC R&D Office	Health & Social Care Research & Development Office
HRB	Health Research Board
HTD	Health Technology Devices
ICCR	Institute of Child Care Research
ICT	Information Communication Technology
IP	Intellectual Property
LCRNs	Local Clinical Research Networks
MHRA	Medicines and Healthcare Regulatory Authority
MHRN	Mental health Research Networks
MPH	Masters in Public Health
MRC	Medical Research Council
NAEC	Nucleic Acid Extraction Centre
NCI	National Cancer Institute
NCRI	National Cancer Research Institute
NCRN	National Cancer Research Network
NGOs	Non-governmental Organisations
NHS	National Health Service
NICCTU	Northern Ireland Cancer Clinical Trials Unit
NICRN	Northern Ireland Clinical Research Network
NILS	Northern Ireland Longitudinal Study
NIMDTA	Northern Ireland Medical and Dental Training Agency
Non-HPSS Organisation	Organisations which include the academic, voluntary and industrial sectors

NPRI	National Prevention Research Initiative
NSPCC	National Society for the Protection of Cruelty to Children
OD	Operational Director
OFMDFM	Office of the First Minister & Deputy First Minister
ORECNI	Office of Research Ethics Committees
PCRN-E	Primary Care Research Network – England
PET-CT	Positron Emission Tomography - Computed Tomography
PM	Programme Manager
QUB	Queen’s University Belfast
R&D	Research & Development
RBHSC	Royal Belfast Hospital for Sick Children
REC	Research Ethics Committees
RNA	Ribonucleic Acid
RP	Retinitis Pigmentosa
RPA	Review of Public Administration
RRGs	Recognised Research Groups
RVH	Royal Victoria Hospital
SPECT brain imaging	Single-Photon Emission Computed Tomography brain imaging
SPRIF	Science Research Investment Fund
SPUR	Support Programme for University Research
TCRNs	Topic Specific Clinical Research Networks
UCHT	Ulster Community Hospital Trust
UHT	United Hospitals Trust
UKCRC	United Kingdom Clinical Research Collaboration
UKCRN	UK Clinical Research Network
UU	University of Ulster

Annex B HSC R&D Office Functions

No.	FUNCTION
1.	<p>Provide advice to DHSSPS/Minister (Chief Advisor on R&D) including input to R&D relevant legislation</p> <p>R&D is essential to the delivery of effective front line services across the HSC. The DRD provides input/advice to Department/Minister on all relevant issues. Departmental presence ensures recognition of the potential contribution of HSC R&D during wider policy development. There is an increasing volume of legislation affecting research including statutes transposed from EU Directoratives. This creates a significant workload, as the HSC R&D Office contributes to, is aware of and implements new legislation.</p>
2.	<p>Develop research policies and procedures governing the conduct of HSC R&D</p> <p>The wide range of policies and procedures required for the governance and management of HSC R&D ensures the safety, rights and dignity of research participants and is essential for the conduct of high quality R&D. While all policies should be issued by the Department, some will primarily require Departmental input, others will primarily require HSC R&D Office/service input.</p>
3.	<p>Represent NI/RAPHSW/DHSSPS on a wide range of local/national/international bodies, maintaining strategic links and developing collaborative partnerships</p> <p>The nation/international context of research activity requires representation on a large number of bodies/committees.</p> <p>Representation may be required at DRD level, OD level or PM level depending on the nature of the body/committee. Again, it is essential that Northern Ireland's interests are adequately represented. This ensures we can participate in/learn from/ benefit from an increasing number of national R&D initiatives. The DRD is expected to be able to speak on behalf of the Department at these meetings.</p>
4.	<p>Develop HSC R&D Strategy to shape strategic direction and maintain appropriate research agenda</p> <p>If the contribution of HSC R&D to improvements in health & wellbeing are to be maximised, it is essential to have a clear and coherent strategic direction. This is provided by the high-level HSC R&D Strategy which sets out the aims and challenges for the next five years. Given the pace of change within research, and the environment within which research takes place, the strategy must be adaptable so that emerging opportunities for HSC R&D can be exploited.</p>

5.	<p>Implement and monitor HSC R&D Strategy to maintain strategic direction and appropriate research agenda</p> <p>Realisation of the agreed strategy requires progressive implementation with regard to the complexities and realities of the HSC. The development, resourcing and actioning of strategic initiatives must also take account of relevant partners/ stakeholder needs, the availability of funding and the discipline of quality. Continual monitoring provides important feedback to help achieve strategic goals, build on success and where appropriate adapt strategic priorities.</p>
6.	<p>Convene regular consultation/advisory mechanisms including meeting of Strategic Advisory Group, Northern Ireland Forum for Health & Social Care Research, R&D Users Advisory Group to provide an effective voice for the HSC R&D community</p> <p>The HSC R&D community extends well beyond those R&D Office award/grant holders. The wider voice must be heard and priorities/developments identified and communicated. This is an ongoing process to ensure an effective and relevant dialogue is maintained.</p>
7.	<p>Work with universities, HSC trusts, Industry etc to harness collaborative approach to HSC R&D and external funders</p> <p>R&D is undertaken by and requires input from the HSC, academia and industry. A common strategy helps secure collaborative benefits and lever external funding. Engagement occurs at all levels from Strategic meetings at a Director level to very operational collaborations involving individual researchers.</p>
8.	<p>Liaise with HSC professions to ensure engagement in R&D activity and to develop R&D potential and capacity</p> <p>The HSC will derive maximum benefit from a Service wide research culture. Currently the level of R&D activity varies across the HSC professions. Ongoing liaison is required to support and encourage new and existing researchers within the HSC. The impact of clinical research depends upon the involvement of researchers who are close to the delivery of evidence-based practice. There is a need to build a supportive culture within the Service that values and exploits skilled researchers.</p>
9.	<p>Build a supportive HSC R&D infrastructure to meet evolving needs and realise economies and efficiencies</p> <p>The nature of HSC R&D often requires a high level of support drawing on complex, specialist and technological services. The supportive infrastructure both human (eg statisticians, health economists, IP advisors) and physical (Nucleic Acid Extraction, research pharmacy, clinical trials centres) need careful planning and co-ordination to ensure barriers are removed and where appropriate services are centralised to achieve quality and economy of provision. An important aspect of infrastructure development is the exploitation of new opportunities to lever in substantial levels of external funding to allow stepped change in support service provision.</p>
10.	<p>Generate new HSC R&D funding opportunities including national/international partnership funding arrangements addressing gaps, and exploiting strengths</p> <p>The currency of HSC R&D extends beyond Northern Ireland. In order to maximise the strengths of HSC R&D, it is increasingly important to work with partner organisations allowing access to larger pools of expertise and funding. The R&D Office through its involvement with national/international bodies is well placed to identify opportunities for</p>

	partnership working/funding, eg, Cancer Research UK, Research Councils, Health Research Board, National Cancer Institute, PSRE Fund.
11.	<p>Develop new HSC R&D Office award schemes, guidance and application forms in response to emerging local/national priorities, initiatives and clinical need</p> <p>Ongoing development of new award schemes is key to implementing the HSC R&D Strategy. There is a need to recognise and respond to the evolving research landscape and the developing needs of the Service and of researchers. Schemes are designed to provide equitable funding opportunities with efficient application processes and transparent evaluation procedures.</p>
12.	<p>Advertise, evaluate and make HSC R&D Office awards ensuring scientific excellence in peer review, and evaluation processes and in the provision of applicant feedback</p> <p>In advertising funding opportunities, every attempt is made to attract a large high calibre pool of applicants. Evaluation follows specified transparent procedures with independent expert scientific opinion secured through the peer review and Evaluation Panel mechanisms. Evaluation criteria are designed to ensure research activity is linked to HSC service/policy needs.</p> <p>Constructive feedback is provided to encourage the unsuccessful applicants to further develop their proposals towards future success.</p>
13.	<p>Manage HSC R&D Office awards (currently 240) in terms of research activity and scientific progress against planned milestones through regular reports and direct liaison with investigators</p> <p>Throughout the life cycle of an HSC R&D Office award, it is the responsibility of the HSC R&D Office to manage and monitor research activity and scientific progress. Regular management and monitoring ensures progress against specified milestones, scientific excellence and compliance with governance requirements. This process requires close liaison with investigators and with employing/care organisations.</p>
14.	<p>Manage HSC R&D Office awards (currently 240) in terms of budgetary control, and payment authorisation within agreed financial constraints</p> <p>Each HSC R&D Office award/grant is regularly monitored throughout the year with a focus on quarterly claims to ensure proper budgetary control in accordance with prescribed procedures. Payment authorisation also follows prescribed procedures to ensure adequate internal control and to secure regularity, propriety and value for money. Both processes require close liaison with investigators and with employing/care organisations.</p>
15.	<p>Manage HPSC R&D Fund in support of agreed HSC R&D activity and achieve annual breakeven</p> <p>The HSC R&D Office exercises effective budgetary control across 240 research awards/grants to ensure the full range of HSC R&D activity can be resourced and that the HSC R&D Fund can break-even each year. It operates a 10-year budget system and detailed Record of Payments System with continuous budget monitoring and monthly payment/income reconciliation to the CSA General Ledger.</p>
16.	<p>Disseminate research outputs through a variety of mechanisms including reports, presentations, conferences/workshops, newsletter and website to raise awareness and influence clinical practice</p> <p>Appropriate dissemination mechanisms of research outputs helps drive evidence based practice and improvements in Health & Social Care within the HSC. This knowledge transfer occurs through a variety of mechanisms and the HSC R&D Office works closely</p>

	with its partner organisation to raise awareness of and increase the uptake of research outputs. More effort needs to be directed to dissemination and knowledge transfer if the potential improvements in clinical practice are to be realised.
17.	<p>Encourage research innovation and facilitate its exploitation for improvements in health and wealth</p> <p>HPSC R&D has a proven potential to improve the quality of health and social care through the translation of innovation into clinical practice and commercial products. The HSC R&D Office is working with the Clinical Research Support Centre to implement a regional innovation project to help identify, assess, protect Intellectual Property and initiate technology development processes to directly improve clinical practice or to commercialise innovations. The recent Public Sector Research Exploitation Fund award, worth £1.6 million, will resource and accelerate this process, generate the potential for additional HSC revenue streams and engage DETI/Invest Northern Ireland.</p>
18.	<p>Provide management information in response to external queries including Parliamentary questions, ONS returns and funding enquiries</p> <p>Information is a key enabling resource necessary for the proper administration of the various awards, grants, contracts, research programmes and projects funded by the HSC R&D Office. A comprehensive set of information systems is maintained to meet the internal management information needs of the HSC R&D Office and the growing external demands (both local and national) for management information relating to HSC R&D.</p>
19.	<p>Maintain and develop HSC R&D Office support services ensuring adequate human resources, budgetary control, and dedicated information systems</p> <p>Dedicated support staff provide essential Office infrastructure and support to facilitate delivery of key HSC R&D Office functions. This includes the provision of efficient and effective administrative support and the monitoring and development of Office policies and procedures. These ensure that the Office operates efficiently and effectively within its corporate context in accordance with the principles of corporate governance.</p>
20.	<p>Operate appropriate framework of internal controls including, business plans, risk register, SOPs, to achieve good Governance and management, at Office, Agency, Service levels</p> <p>The HSC R&D Office is underpinned by an internal control framework to minimise risk, secure good governance and maintain proper accountability and reporting arrangements. All staff are involved in maintaining an effective controls assurance system.</p>

Annex C Collaborative Partnerships

Northern Ireland – Ireland alliances:

- Queen’s University Belfast (*research*)
- University of Ulster (*research*)
- Department of Enterprise Trade & Industry (*US Ireland Research Partnership, Cross Departmental Working Groups*)
- Department for Employment & Learning (*US Ireland Research Partnership, Cross Departmental Working Groups*)
- Invest Northern Ireland (*co-funding, joint events, and networking*)
- Bio-Business Northern Ireland (*joint events and networking*)
- Health Research Board (*joint funding schemes, All Ireland Initiatives, reciprocal membership of boards etc*)
- InterTrade Ireland (*US Ireland Research Partnership*)
- Science Foundation Ireland (*US Ireland Research Partnership*)
- All Ireland Institute for Public Health (*funding initiatives, membership of boards etc*)

UK alliances:

- Departments of Health - England, Scotland and Wales (*participation in awards and policy committees and other bodies*)
- UK Ethics Committee Authority (*membership on behalf of DHSSPS*)
- UKCRC (*full partnership in UK developments eg input to UKCRC committees for clinical academic careers*)
- National Cancer Research Institute
- Research Councils eg MRC, ESRC (*participation in awards and policy committees and other bodies*)
- Cochrane Collaboration (*participation in awards and policy committees and other bodies*)
- Cancer Research UK (*co-funding*)
- Wellcome Trust (*co-funding*)

International alliances:

- Atlantic Philantropies (*co-funding*)
- Intel (*co-funding*)

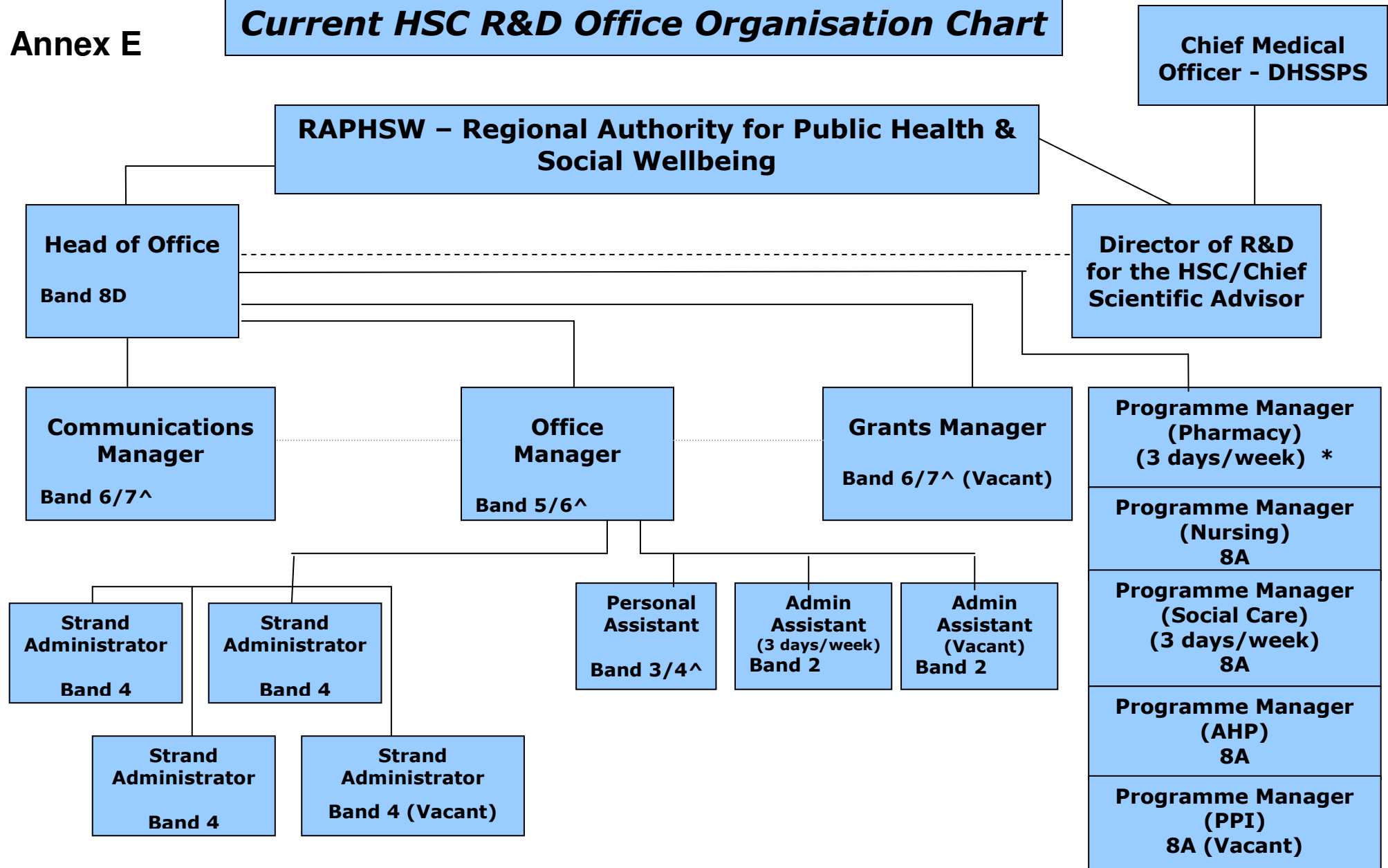
- National Cancer Institute (*Cancer Consortium*)
- National Institutes of Health, USA (*US Ireland Research Partnership*)

Annex D UKCRC Committees

Name	Group	Purpose	Type	Scope	Frequency	Role	Priority	Workload
Dr Neely	UKCRC / UKCRN Communications Group	Liaison	C	UK	4 Per Year	M	M	M
Dr Neely	UKCRC / UKCRN Sub-Group	Strategic	C	UK	Quarterly	M	H	M
Dr Neely	UKCRC Joint Communications Advisory Group	Liaison	C	UK	4 Per Year	M	H	H
Dr Neely	UKCRC Operational Steering Group	Liaison	C	UK	4 Per Year	M	H	M
Dr Neely	UKCRC R&G Advice Service Network Group	Strategic	C	UK	4 Per Year	M	L	L
Dr Neely	UKCRC R&G Project Group	Liaison	C	UK	4 Per Year	M	H	L
Dr Neely	UKCRN / UK Wide Working Group	Governance	C	UK	4 Per Year	M	M	M
Dr Neely	UKCRC IRAS Board	Governance	C	UK	4 Per Year	M	H	M
Dr Neely	UKCRN - Devolved Administrations Portfolio Oversight Group	Governance	C	UK	Bi-monthly	M	H	M
Dr Neely	UKCRN Communications Working Group	Liaison	C	UK	4 Per Year	M	L	L
Dr Neely	UKCRC Compatability Project (R&D Permissions)	Governance	C	UK	4 Per Year	M	H	H
Prof Hannigan	UKCRC Board	Strategic	C	UK	4 Per Year	M		
Prof Hannigan	UKCRC Funders Liaison Group	Strategic	C	UK	2 Per Year	M		
Prof Hannigan	UKCRC Subgroup on Public Awareness	Strategic	C	UK	4 Per Year	M		
Prof Hannigan	UKCRC Funders Forum Ageing	Strategic	C	UK	4 Per Year	M		
Prof Hannigan	UKCRC Funders Forum Cardiovascular & Stroke	Strategic	C	UK	4 Per Year	M		
Dr Armstrong	UKCRC Academic Careers Pathway	Liaison	C	UK	Bi-monthly	M		
Dr Fleming	UKCRC Microbiology & Infectious Disease Research Management Board	Liaison	C	UK	4 Per Year	M		

Annex E

Current HSC R&D Office Organisation Chart



^ Under review

* PM (Pharmacy employed by NHSCT as 0.6WTE Pharmacist on full-time secondment to R&D Office)

Annex F Committee and Working Group Membership

Name	Group	Purpose	Type	Scope	Frequency	Role	Priority	Workload
Prof Hannigan	UKCRC Subgroup on Public Awareness	Strategic	C	UK	Quarterly	M	H	
Prof Hannigan	UKCRC Research Funders Liaison Group	Liaison	C	UK	2 per year	M	H	
Prof Hannigan	Central Medical Advisory Committee (CMAC)	Liaison	C	NI	2 per year	O		
Prof Hannigan	DHSSPS Board	Strategic	C	NI	2 per year	O		
Prof Hannigan	Director of R&D (DRD) meetings	Strategic	WG	UK	2 per year	M		
Prof Hannigan	ECMC Steering Committee	Operational	C	UK	2 per year	M		
Prof Hannigan	Funders Forum - Ageing	Strategic	C	UK	2 per year	M		
Prof Hannigan	Funders Forum - Cardiovascular and Stroke	Strategic	C	UK	2 per year	M		
Prof Hannigan	Health Departments/MRC meetings	Liaison	C	UK	1 per year	M		
Prof Hannigan	HSC R&D Forum	Liaison	C	NI	1 per year	O		
Prof Hannigan	Inter-Departmental Working Group (IDWG)	Strategic	C	NI	Quarterly	M		
Prof Hannigan	Ministerial Industry Strategy Group Clinical Trials Sub-Group	Strategic	C	UK	4 Per Year	M	H	M
Prof Hannigan	MRC Methodology Research Programme	Liaison	C	UK		M		
Prof Hannigan	National Cancer Research Institute (NCRI) Board	Strategic	C	UK	2 per year	M		
Prof Hannigan	National Prevention Research Initiative (NPRI Prevention Research Advisory Board)	Strategic	C	UK	2 per year	M		
Prof Hannigan	Recognised Research Group (RRG) Chairs	Strategic	C	NI	2 per year	C		
Prof Hannigan	Strategic Advisory Group	Strategic	C	NI	2 Per Year	C	H	H
Prof Hannigan	UKCRC Board	Strategic	C	UK	Quarterly	M		
Prof Hannigan	UKCRC Northern Ireland Public Health Centre of Excellence Board	Strategic	C	NI	2 Per Year	M		
Prof Hannigan	US-Ireland R&D Partnership Steering Group	Strategic	C	INT	2 per year	M		
Dr Neely	Cancer Consortium Prevention Working Group	Strategic	WG	IRE	4 Per Year	M	L	L
Dr Neely	CSA Senior Management Team	Governance	C	CSA	Monthly	M	L	L
Dr Neely	DRD meetings	Strategic	WG	UK	3 per year	M	M	M
Dr Neely	Health Departments / ESRC Liaison Group	Liaison	C	UK	1 Per Year	M	L	L
Dr Neely	Health Departments/MRC Officers meetings	Liaison	WG	UK	1 Per Year	M	L	L

Name	Group	Purpose	Type	Scope	Frequency	Role	Priority	Workload
Dr Neely	HSC R&D Forum	Liaison	C	NI	1 Per Year	M	L	L
Dr Neely	ICCR Update Meeting	Operarional	WG		4 Per Year	M	M	L
Dr Neely	IRAS	Governance	C	UK	4 Per Year	M	H	H
Dr Neely	NICRN Steering Group	Strategic	C	UK	4 Per Year	M		
Dr Neely	NILS Steering Group	Strategic	C	NI	4 Per Year	M	M	L
Dr Neely	R&D Business Planning & Development Sub Committee	Governance	C	CSA	Quarterly	M	H	M
Dr Neely	Research Governance Working Group	Governance	C	NI	4 Per Year	S	H	H
Dr Neely	Research Management Systems User Group	Governance	C	NI	4 Per Year	M	M	H
Dr Neely	Strategic Advisory Group	Strategic	C	NI	2 Per Year	S	H	H
Dr Neely	UK Ethics Committee Authority	Governance	WG	UK	Quarterly	M	H	H
Dr Neely	UKCRC / UKCRN Communications Group	Liaison	C	UK	4 Per Year	M	M	M
Dr Neely	UKCRC / UKCRN Sub-Group	Strategic	C	UK	Quarterly	M	H	
Dr Neely	UKCRC Joint Communications Advisory Group	Liaison	C	UK	4 Per Year	M	H	H
Dr Neely	UKCRN Operational Steering Group	Liason	C	UK	4 Per Year	M	H	
Dr Neely	UKCRC R&G Advice Service Network Group	Strategic	C	UK	4 Per Year	M	L	L
Dr Neely	UKCRC R&G Project Group	Liaison	C	UK	4 Per Year	M	H	L
Dr Neely	UKCRN / UK Wide Working Group	Governance	C	UK	4 Per Year	M	M	M
Dr Neely	UKCRC IRAS Board	Governance	C	UK	4 Per Year	M	H	M
Dr Neely	UKCRN - Devolved Administrations Portfolio Oversight Group	Governance	C	UK	Bi-monthly	M	H	M
Dr Neely	UKCRN Communications Working Group	Liason	C	UK	4 Per Year	M	L	L
Dr Neely	UKCRC Compatability Project (R&D Permissions)	Governance	C	UK	4 Per Year	M	L	H
Dr Armstrong	CNAC R&D Subgroup	Strategic	C	NI	Quarterly	M	H	M
Dr Armstrong	CSA Service Modernisation Committee, Agenda for Change	Planning	WG	NI	Ad-hoc	M	M	L
Dr Armstrong	External Professional Advisory Group, Craigavon Area Hospital	Advisory	C	NI	2 per year	M	H	L
Dr Armstrong	HSC R&D Forum	Consultation	C	NI	1 Per Year	M	L	L
Dr Armstrong	INIsPHO Advisory Group	Advisory	C	IRE	3 per year	M	H	L
Dr Armstrong	Institute for Hospice and Palliative Care in Ireland – Working Group	Strategic	WG	IRE	Quarterly	M	H	M
Dr Armstrong	Member of Council for the Northern Ireland Chest, Heart & Stroke Association	Advisory	Con	NI	2 per year	M	M	L
Dr Armstrong	NCI/All Ireland Nurses Working Group	Strategic	WG	IRE	3 per year	M	H	H
Dr Armstrong	NCRI Board Subgroup on translational research	Strategic	C	NI	Quarterly	M	H	L

Name	Group	Purpose	Type	Scope	Frequency	Role	Priority	Workload
Dr Armstrong	Northern Ireland Cancer Network Nursing R&D Forum	Strategic	F	NI	Quarterly	M	H	H
Dr Armstrong	R&D Senior Management Team	Planning	WG	NI	Fortnightly	M	H	M
Dr Armstrong	RCN NI Research & Quality Forum (NIRAQ) Secretary	Strategic	WG	NI	Quarterly	S	H	H
Dr Armstrong	RCN Nurse of the Year 2007: Research Nurse of the Year Panel Member	Award Selection	E	NI	Annual	J	H	M
Dr Armstrong	Strategic Advisory Group	Planning	C	NI	2 Per Year	O	H	H
Dr Bailie	AHP Strategy Group DHSSPSNI	Strategic	S/W	NI	Varies	M	H	V
Dr Bailie	HSC R&D Forum	Consultation	C	NI	1 Per Year	M	L	L
Dr Bailie	NI AHP Internet Steering Group	Planning	S/W	NI	Quarterly	M	M	L
Dr Bailie	NI AHP Research Forum	Cap/Lobby/Strat'y	WG	NI	Every 2 months	C	H	H
Dr Bailie	NI Bioengineering Society Council	Capacity Build	WG	NI	Quarterly	M	M	L
Dr Bailie	NICAN AHP Group	Network	S/W	NI	Every 6 months	A	M	L
Dr Bailie	Northern Ireland Turnover Bank	Planning	S/W	NI	Monthly	A	H	M
Dr Bailie	R&D Senior Management Team	Planning	WG	NI	Fortnightly	M	H	M
Dr Bailie	RRG8 Executive Group	Planning	S/W	NI	Every 2 months	A	M	M
Dr Bailie	Strategic Advisory Group	Planning	C	NI	2 Per Year	O	H	H
Dr Bailie	UK Research Forum for Allied Health Professions	Lobby/Strategy	S	UK	Quarterly	M	H	M
Dr Bane	Child Care Research Forum (Co-ordinating Committee member)	Network	F	NI	Monthly	M	H	M
Dr Bane	Editorial Advisory Committee – Child Care in Practice Journal	Planning	C	INT	Quarterly	M	L	L
Dr Bane	ESRC Concordat Meeting							
Dr Bane	HSC R&D Forum	Consultation	C	NI	1 Per Year	M	L	L
Dr Bane	R&D Senior Management Team	Planning	WG	NI	Fortnightly	M	H	M
Dr Bane	SCIE – UK Social Care Research Collaboration	Capacity Build	C	UK	Quarterly	M	M	M
Dr Bane	SCIE NI Reference Group	Consultation	C	NI	2 Per Year	M	L	L
Dr Bane	Strategic Advisory Group	Planning	C	NI	2 Per Year	O	H	H
Dr Fleming	HSC R&D Forum	Consultation	C	NI	1 Per Year	M	L	L
Dr Fleming	Integrated Medicines Management Operational Group	Consultation	C	NI	Monthly	M	M	L
Dr Fleming	North/South Pharmacy Healthcare Conference Planning Committee	Planning	C	IRE	4 / 6 weeks	M	M	M
Dr Fleming	Pharmaceutical Society of Northern Ireland – Council	Planning	C	NI	Monthly	M	M	M
Dr Fleming	Pharmaceutical Society of Northern Ireland – Ethics & Law Committee	Planning	C	NI	Monthly	M	M	M
Dr Fleming	R&D Senior Management Team	Planning	WG	NI	Fortnightly	M	H	M

Name	Group	Purpose	Type	Scope	Frequency	Role	Priority	Workload
Dr Fleming	Research & Development Committee (NHSCT)	Consultation	C	NI	Quarterly	M	M	L
Dr Fleming	Strategic Advisory Group	Planning	C	NI	2 Per Year	O	H	H
Dr Fleming	UKCRC Microbiology & Infectious Diseases Research – Research Management Board	Consultation	C	UK	Ad-hoc	M	H	M
Dr Fleming	UKCRC Northern Ireland Public Health Centre of Excellence Management Executive	Governance	C	NI	Monthly	M	L	L
Dr Fleming	UKCRC Public Health Centres: Launch Planning Group	Consultation	C	UK	Ad-hoc	M	H	M
Mr Snoddy	CSA Final Accounts Team	Planning	WG	NI	Ad-hoc	M	H	M
Mr Snoddy	CSA Risk Management Steering Group	Planning	WG	NI	Monthly	M	M	M
Mr Snoddy	EHSSB Health & Safety Group	Planning	WG	NI	Ad-hoc	M	L	L
Mr Snoddy	Health Care Financial Management Association	Policy	WG	NI	Annual	M	L	L
Mr Snoddy	R&D Business Planning & Development Sub Committee	Reporting	WG	NI	Quarterly	M	H	M
Mr Snoddy	R&D Senior Management Team	Planning	WG	NI	Fortnightly	M	H	M
Mrs McGuickin	CSA Health & Safety Group	Planning	WG	NI	6 per year	M	H	M
Mrs McGuickin	CSA Human Resources Liaison Working Group	Policy	WG	NI	8 per year	M	H	H
Mrs McGuickin	Patient/Public Involvement Group	Planning	WG	UK	4 Per Year	M	H	H
Mrs McGuickin	R&D Senior Management Team	Planning	WG	NI	Fortnightly	M	H	M
Miss J Caldwell	CSA Equality Working Group	Policy	WG	NI	Quarterly	M	M	L

Annex G ICT Systems

SYSTEM	SUPPORT
Research Manager	Maintenance contract with EPS
File Manager	Maintenance contract with EPS
Contacts Manager	Maintenance contract with EPS
Budget Management System	HSC R&D In-house maintenance *
Record of Payments	HSC R&D In-house maintenance *
GL Codes Allocation	HSC R&D In-house maintenance *
Report Generator	HSC R&D In-house maintenance *
General Ledger	DIS and CSA Support
LAPS	DIS and CSA Support
Microsoft Packages	CSA Support
Medi-cater Stock Ordering	CSA Support
Internet and Intranet	CSA Support
Sophos Anti-virus	CSA Support
Blackberry	CSA Support

* General software problems support by CSA

PAYMENTS

2007-08

752 invoices processed incorporating 983 separate transactions. Total amount £11,539,062.95

Annex H Service Delivery Plan

Research & Development Office Service Delivery Plan for 2008-09

BP No.	Area of Action	Output (Result)	Input (Enablers)	By When	By Whom	Strategic Orientation
1	Partnerships & Management	Ensure the R&D Office future under RPA is resolved	Work with the DHSSPS following the Ministerial announcement on the future of the HSC	March	DRD/MN	4
		Ensure Northern Ireland's interests are safeguarded under the Office for Strategic Co-ordination of Health Research (OSCHR)	Protect HPSS R&D interests with the new national context created by OSCHR	March	DRD	4
		Maintain close liaison with the four UK administrations during the establishment of OSCHR	Work with Scotland & Wales to monitor development of OSCHR	Ongoing	DRD	4
		Secure appropriate Northern Ireland participation in the UKCRC	Respond to developments flowing from research capacity & regulation work streams	Ongoing	MN	
		Take forward work under the Cancer Consortium	Participate in the work of the Consortiums Advisory Group	Ongoing	DRD	4
		Take forward the US Ireland R&D Partnership in the areas of cystic fibrosis, diabetes research and Infectious Diseases	Await outcome of initial round of applications	Ongoing	DRD	4
		Revitalise joint working arrangements with the Health Research Board (Dublin)	Re-establish close working relationships once new HRB Chief Executive takes up post	June	DRD	3
		Improve and formalise joint working arrangements with QUB and UU	Develop strategic arrangements to reflect collaborative/complementary working arrangements			
		Enhance the R&D Support Services/Systems	Review Research Management Systems in light of IRAS developments			
	Review the operation of the Budget Management System and make appropriate amendments					

BP No.	Area of Action	Output (Result)	Input (Enablers)	By When	By Whom	Strategic Orientation
			Review R&D Office procedures to underpin efficient and effective systems			
		Ensure the HPSS R&D Fund supports the priorities within the HPSS R&D Strategy	Explore further options to secure external partnership funding with MRC,ESRC,CRUK,AP and other research funders	Ongoing	DRD/MN	
	Support for UK Schemes	Honour and consider existing and new commitments to UK schemes	Evaluate and respond to new requests for Northern Ireland support for new schemes	Ongoing	MN	4
2	HSC Research Infrastructure	Embed Research Governance within the HSC	Support the work of Research Governance Working Group	Ongoing	MN	5
			Develop a set of guidance leaflets and booklets on a range of research governance issues	Ongoing	MN	5
			Review HSC compliance with the Reserch Governance Controls Assurance Standard			
			Develop training programme for HSC research office staff	Sept	MN	5
		Support transition to a Northern Ireland Research Ethics Service	Represent Northern Ireland on UKECA and develop policy for future ethical review	Ongoing	MN	2
			Support ORECNI in revising the HSC research ethics service	Sept	MN	5
		Develop a new HSC Research Passport	Establish HSC Working Group to implement Research Passport concept	July		
			Implement HPSS Research Register			
			Define HSC Research Passport concept	Aug		
			Secure necessary permissions and agreements for HSC Research Passport	Oct		
			Launch HSC Research Passport	Dec		
		Facilitate the use of the new Integrated Research Application System (IRAS) in Northern Ireland	Determine utility of IRAS for HSC systems	April	MN	
			Enable electronic transfer of data from IRAS to EPS Research	June	MN	

BP No.	Area of Action	Output (Result)	Input (Enablers)	By When	By Whom	Strategic Orientation
			<p>Manager</p> <p>Consider implications for future development of Research Manager System</p>			
		Establish the Northern Ireland Clinical Research Network (NICRN)	<p>Support development of NICRN concept and identify barriers and bottlenecks in HSC trusts</p> <p>Consider applications for other disease specific groups</p> <p>Assist with the development of the NICRN Co-ordinating function</p> <p>Assist with the recruitment of staff into NICRN</p> <p>Assist with the development of the NICRN Portfolio</p> <p>Assist participation of NICRN in clinical studies</p> <p>Assist with the development of NICRN procedures</p> <p>Assist with the development of NICRN training programme</p> <p>Establish direct service support funding for clinical ... to include pharmacy and imaging</p>			
		Develop the Clinical Research Support Centre	<p>Support the development of the CRSC as a Clinical Trials Unit (CTU)</p> <p>Review the CRSC within the wider context of HSC infrastructure</p> <p>Support the implementation of any changes arising from the review of the CRSC</p>			
		Maintain an effective Institute of Child Care Research	Support the development of the ICCR under the ICCR contract and under its new directorship	Ongoing	JW	2
		Sustain a successful Northern Ireland Clinical Cancer Trials Unit	<p>Implement recommendations of NICCTU review</p> <p>Support formal collaboration with the CRSC</p>	<p>March</p> <p>Dec</p>	<p>MN</p> <p>MN</p>	2

BP No.	Area of Action	Output (Result)	Input (Enablers)	By When	By Whom	Strategic Orientation
						2
		Maintain an effective Nucleic Acid Extraction Centre	Review the NAEC Implement recommendations of the NAEC Review	May	JB	2
		Establish mechanisms to utilize the Northern Ireland Longitudinal Study	Establish a NILS Support function Raise awareness of NILS within the HSC Research Community	Nov	MN	2
		Establish a Northern Ireland Tumour Bank (NITB)	Confirm the need for a NITB Work with partners to establish a NITB			
		Establish a regional Clinical Research Facility (CRF)	Work with partner funding organisations during the build of the CRF Consider the potential interaction of the CRF with the NICRN			
		Establish the GeneLibrary Ireland	Consider the full application for the GeneLibrary If appropriate take forward the GeneLibrary concept			
3	Building Research Capacity	Award the 2008 R&D Office Bursaries	Advertise, evaluate and award Bursaries	July/Dec	CB	2
		Award the 2009 R&D Office Doctoral Fellowships	Advertise, evaluate and make awards	Feb	JB	2
		Award joint 2008 GPARTS awards	Advertise, evaluate and make awards	June	GF	2
		Facilitate Fellowship Learning Set Initiative	Promote third round of learning sets	Ongoing	JB	2
		Implement the recommendations of the Finch Report to modernise academic research careers amongst the HSC professions	Identify specific initiatives stemming from the Finch Report. Work with national & local partner organisations to develop clearly defined, flexible and accepted career pathways			
		To participate in the various national capacity building schemes	Promote schemes & encourage applications	Ongoing	JB	1
		To make awards under the Senior Researcher Sabbatical Support Scheme	Promote, evaluate and make Senior Researcher Sabbatical awards	Ongoing	JB	1

BP No.	Area of Action	Output (Result)	Input (Enablers)	By When	By Whom	Strategic Orientation
		To make awards under the Clinical Research Top Up Scheme	Promote, evaluate and make awards	Ongoing	MN	1
4	Funding HSC Research	Pursue further development of the RRG Concept	Issue 2008 RRG Call Evaluate the 2008 RRG Call applications	June	MN	2
		Identify a forward programme of commissioned research	Complete Phase II of the Suicide Prevention Programme Initiate Phase III of the Suicide Prevention Programme Commission a cross-sectional all-Ireland diabetes prevalence study Work with the DHSSPS to identify priorities for future commissioned research programmes			
5	Innovation	Maintain a fully populated and current R&D Office website Hold an R&D Office Conference Host/support workshops/conferences in line with the HSC R&D Strategy Produce the R&D Today Newsletter Increase accessibility to, and Northern Ireland involvement in, the Cochrane Collaboration	Ensure website is kept current Plan R&D Office Conference 2009 Identify appropriate conference/workshop opportunities Prepare & circulate Issue 11 Prepare & circulate Issue 12 Award all-island Cochrane 2008 fellowships	Ongoing April Ongoing May Oct July	AA BS All AA AA JB	3 2 2 1 1 2
		Facilitate the commercialisation/exploitation of innovations arising from HPSS R&D	Implement proposals set out in the HSC Innovation Project Support the ongoing development of HSS Innovations Work with DETI on cross departmental working group Work with BioBusiness Northern Ireland to promote common interests and joint events	March Ongoing Ongoing	MN DRD JB	5 4 4

BP No.	Area of Action	Output (Result)	Input (Enablers)	By When	By Whom	Strategic Orientation
6	Patient Public Involvement	Advance the PPI agenda withIN the HSC	Appoint a PPI Manager to the R&D Office Promote awareness of the importance of PPI in the clinical research community and in the wider HSC and beyond Identify mechanisms to engage PPI representatives			

Annex I Terms of Reference for the HSC R&D Office Strategic Advisory Group

The HSC R&D Strategic Advisory Group will advise the Director of Research & Development on:

- developing and implementing an HSC R&D Strategy for the HSC with the aim of improving the health and social wellbeing of the population of Northern Ireland and elsewhere, and encouraging an evidence-based approach to health and social care across the HSC
- ensuring that the Strategy maximises the use of HSC R&D resources to meet the needs of the wider HSC, and takes account of views from a wide range of persons and organisations with an interest in HSC R&D activity, including those expressed through the Northern Ireland Forum for Health and Social Care Research
- new developments affecting HSC R&D.

Membership

Director of the HSC R&D Office (Chair)	Professor Bernadette Hannigan
Operational Director for HSC R&D Office	Dr Michael Neely
Chief professional advisors at DHSSPSNI	
- Chief Medical Officer	Dr Michael McBride
- Chief Nursing Officer (nominee)	Mr Martin Bradley
- Chief Dental Officer (nominee)	Mr Michael Donaldson
- Director of Pharmaceutical Services	Mr Joe Brogan
- Chief Social Services Officer	Mr Paul Martin
HSC R&D Lead DHSSPS	Dr Elizabeth Mitchell
Director of HSC R&D, Belfast HSCT	Professor Ian Young
Director of HSC R&D, Western HSCT	Dr Maurice O’Kane
Director of HSC R&D, Northern HSCT	Dr Des Rooney
Director of HSC R&D, Southern HSCT	Dr Peter Sharpe
Pro Vice-Chancellor for Research & Postgraduates, QUB	Professor James McElnay
Pro Vice-Chancellor for Research & Innovation, UU	Professor Norman Black
HSC Board Representative	Dr Paula Kilbane
MRC Representative	Dr Catherine Elliott
ESRC Representative	Mrs Joy Todd
Health Research Board Representative	Dr Enda Connolly
Institute of Public Health Ireland Representative	Dr Jane Wilde
Department of Health (London) Representative	Dr Russell Hamilton
Research Charities Representative	Dr Simon Denegri
Consumer Representative	Mr Robert Marshall

Annex J Terms of Reference for the Northern Ireland Form for Health & Social Care Research

Northern Ireland Forum for Health and Social Care Research (Extract from Research for Health & Wellbeing)

Terms of Reference for the Forum

- To provide an advisory/consultative mechanism for the HSC R&D Office and the HSC R&D Strategy Group
- To assist the HSC R&D Office and the Strategy Group with the implementation of the HSC R&D Strategy
- To provide, in either plenary or *ad hoc* working group format, advice on the development of subsidiary elements of the HSC strategy
- To provide, primarily through *ad hoc* working groups, expert advice including peer review on education and training and project grant applications.

Annex K HSC R&D Fund

	Budget 2005/06	Budget 2006/07	Budget 2007/08	Budget 2008/09	Budget 2009/10
	£	£	£	£	£
Income					
Recurrent	£12,730,000	£12,104,000	£12,206,000	£12,716,150	£12,716,150
Other	£82,917	£105,515	£273,148	£223,603	£75,000
Total Income	£12,812,917	£12,209,515	£12,479,148	£12,939,753	£12,791,150
Expenditure					
Personnel Costs 1	£506,391	£516,521	£464,829	£528,392	£523,749
Premises 2	£31,567	£40,715	£40,715	£43,500	£40,715
Running Costs 3	£82,363	£221,607	£261,181	£209,974	£209,974
OREC	£0	£0	£0	£0	£0
Total Administration	£620,321	£778,843	£766,725	£781,866	£774,438
Recognised Research Groups	£5,334,016	£4,555,449	£4,450,864	£4,658,407	£3,099,495
Education & Training	£1,675,508	£1,786,198	£1,701,038	£1,633,194	£1,404,075
Career Development	£323,499	£251,952	£196,242	£412,545	£478,124
Commissioned Research	£1,265,095	£848,941	£502,037	£478,428	£515,785
Responsive Mode Research	£426,764	£281,992	£113,793	£407,222	£261,699
Dissemination & Uptake	£283,058	£305,098	£300,049	£420,182	£405,095
Core Funded Units	£551,673	£800,370	£839,000	£908,000	£650,000
Special Initiatives	£1,999,545	£2,615,682	£3,640,962	£4,118,931	£4,256,425
Support for UK Schemes	£269,414	£0	£5,054	£61,977	£39,630
Steady State Redistribution					
Total Operations	£12,128,572	£11,445,682	£11,749,039	£13,098,886	£11,110,328
Total Expenditure	£12,748,893	£12,224,525	£12,515,764	£13,880,752	£11,884,766
Underspend / (Overspend)	£64,024	-£15,010	-£36,616	-£940,999	£906,384

ADDITIONAL COST PRESSURES / REDUCTIONS

TOTAL					

OVERALL TOTAL					
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Document History:

Author	RAPHSW project - Research and Development (R&D) strand of the Establishment workstream
Owner:	Dr Andrew McCormick, MIP SRO
Client:	Modernisation and Improvement Programme Board (MIPB)

This document required the following approvals

Title	Name	Date of Approval	Version
Modernisation and Improvement Programme Senior Responsible Owner (SRO) and Modernisation and Improvement Programme Board (MIPB) members	Dr Andrew McCormick, Permanent Secretary Linda Devlin Julie Thompson Sean Donaghy Michael McBride, David Bingham Hugh Mullen Linda Brown Sean Holland Colm Donaghy Karen Meehan Tom Creighton, Philip Robinson Ken Jarrold, Bernard Mitchell George O'Neill	18 th December 2008	1.0

This document has been distributed to:

Title	Name	Date of Issue	Version
Chief Executives of HSC Boards, Trusts and Agencies.		5 th January 2009	1.0
Chairs of Boards & LCG Chairs, Trusts and Agencies		5 th January 2009	1.0
Departmental Board		5 th January 2009	1.0
MIP Project SRO's		5 th January 2009	1.0
MIP Project Directors		5 th January 2009	1.0
DHSSPS Website and Intranet		5 th January 2009	1.0