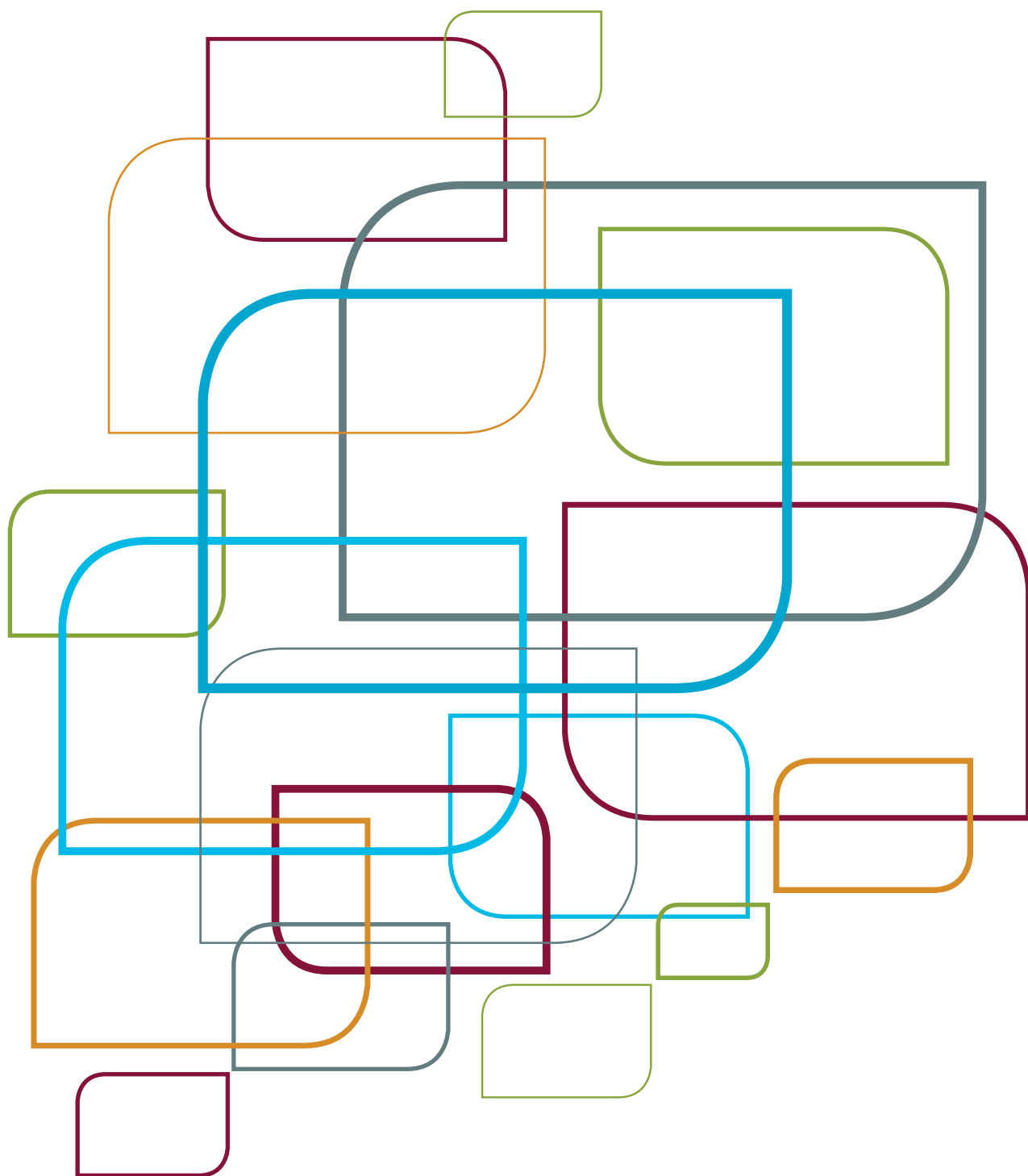




Health Research Board
Annual Report 2011

Improving people's health through research and information



Health Research Board Annual Report 2011

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Board members: 2011



Dr Reg Shaw (Chairman)
Perrysbridge Consultants Ltd



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James Connolly Hospital and
Mater Hospital



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and Siemens Ltd



Chairman and Chief Executive: overview and outlook

The government's on-going investment in research during these challenging times must be recognised as a vital step to stimulate innovation and help reinvigorate the economy. The investment in health research, specifically, reinforces the commitment to ensure that changes in health policy and practice are based on strong evidence and will improve people's health, patient care and the delivery of services as well as supporting the economic agenda.

At a national level, through the National Research Prioritisation Exercise, the HRB has continued to promote the importance of investing in population health and health services research. Another priority highlighted at this level is the need to integrate clinical infrastructure and support translational research to support both health and health system improvements, as well as generate economic potential through research.

Despite the budgetary and human resource challenges facing the HRB during 2011, we have continued to focus on delivering the key aspects of our Strategic Business Plan 2010 – 2014 with great effect. Four clear goals support the delivery of the strategic plan and the main achievements towards these goals in 2011 include:

1. Developing clinical research capacity within the health system

- Opening a new clinical research facility in Cork dedicated to paediatrics and 'cutting the sod' on the HRB Clinical Research Facility in Dublin.
- Re-launching the Clinician Scientist Awards to build capacity for research leadership in hospitals and allow leading doctors to split their time between clinical practice and research.
- Supporting 52 new and ongoing clinical studies through HRB Clinical Research Facilities with more than 5,550 people involved.

2. Increasing capacity in population health and health services research (PHHSR)

- Increasing funding in PHHSR by creating dynamic new award programmes. This will position the HRB to meet a target of 40% of award funding in this area by 2014.

- Designing and awarding new Interdisciplinary Capacity Enhancement awards developed to build and attract research capacity at all levels across PHHSR.
- Funding an additional cohort of students in the PhD Scholars Programme in health services research for 2011.
- Awarding 11 PHHSR projects through the Health Research Awards in 2011.

3. Delivering information and evidence to support decision-making

- Providing the latest figures for treatment demand and service provision relating to intellectual, sensory and physical disability, inpatient psychiatric care, drug and alcohol misuse and alcohol related deaths.

4. Generating evidence and promoting the application of new knowledge in policy and practice

- Completing a new substance misuse strategy which will take a population-based approach to problem alcohol use.
- Conducting six brief evidence reviews across a variety of subject areas to inform policy.
- Producing four editions of a research and evidence newsletter, Eolas.

As demonstrated elsewhere in this report, health research has the potential to make real changes in people's lives. Among our funded research projects which were completed during 2011, outcomes included:

- 58 health policy and practice benefits.
- 17 new health products and interventions.
- 1317 patients able to participate in cancer clinical trials.
- 113 research-related jobs in health services and academia.
- €14+million leveraged in additional research funding for Ireland.
- 256 new national and international collaborations.
- 38 PhD students trained across a variety of disciplines.

Specific examples of these outcomes can be found throughout the report.

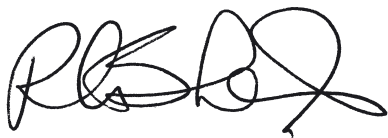
During 2011 work continued to generate quality information and evidence for decision-making among policy makers and service planners. A vital element of our work in this area has been the establishment of an evidence generation unit which has had a central role in supporting the Department of Health in gathering evidence on specific health policy and practice issues. One of the key contributions of the unit, with the support of our National Drug Treatment Reporting System, has been to provide clear and solid evidence of the growth of alcohol misuse in Ireland. This evidence was central to the development of the new substance misuse strategy which will take a population-based approach to problem alcohol use.

Success on the European front continued as well. The CEO played a key role on both the Executive and Management Boards of the Joint Programme on Neurodegenerative Disease. During 2011, the group delivered their strategic research plan and the HRB hosted the 9th meeting of the management board in Dublin. The HRB also supported health researchers in Ireland to apply for FP7 funding. A total of 23 researcher teams successfully secured €13.6 million through the health calls under this funding programme. This not only boosts funding for research locally, but enhances our research reputation in Europe.

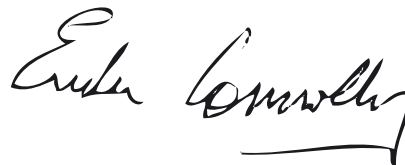
The above achievements by no means reflect the full extent of work completed during the year. They simply provide a snapshot of the HRB's efforts to improve people's health, develop patient care and provide strong evidence to support changes in health policy and practice. We would like to thank the staff of the HRB for their commitment and focus during a period of significant change and declining resources, and for their enormous contribution throughout the year. We look forward to working with them again in 2012.

Our fellow Board members have been central to successfully delivering our strategic vision and plan to date. They have shown great skill and dedication in the execution of their Board duties and provided invaluable support and advice throughout the year.

We are optimistic that in spite of the challenging environment, research and the work that we do can continue to deliver positive outcomes that will help improve people's health, enhance patient care, transform Ireland's health services and support economic growth.



Dr Reg Shaw



Enda Connolly

Health research: making an impact

Each year the HRB reviews and evaluates the outcomes and impacts of funded research projects which were completed during the previous 12 months.

This section highlights how HRB-funded research is having an impact and is delivering outcomes in five key areas:

- Developing healthcare interventions to improve patient care and services delivery.
- Developing new diagnostics, prognostics and therapies.
- Creating potential commercial opportunities and economic benefits.
- Creating a robust research capacity and infrastructure for health research.
- Generating evidence to improve healthcare policy and practice.

Also provided in this section are some examples which illustrate the benefits resulting from HRB-funded research projects and programmes completed in 2011.

Table 1 Summary of outputs from projects and programmes completed during 2011

Output type	2011	2010	2009	2008	2007
Number of grants completed	92	105	111	93	55
Total number of research jobs supported through these grants	113	209	211	243	142
Total number of peer-reviewed publications published by people who received these awards	237	166	302	301	134
Total number of healthcare innovations emerging from these awards	24	26	28	17	N/A
Total number of influences and impacts on healthcare policy and practice by people who received these awards	191	61	55	51	N/A
Commercial opportunities generated (e.g. patents)	15	18	21	N/A	N/A
Additional funding leveraged by HRB-funded researchers on foot of their successful work	€14m	€11.8m	€14.7m	N/A	N/A

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

Healthcare interventions and services

Some of the most important healthcare interventions hinge on looking at ways to do things differently, or adapting technologies to a specific healthcare need. HRB-funded researchers are leading the way in developing interventions and healthcare innovations that can promote health, and enhance the quality, increase access to and control the cost of healthcare in Ireland.

New healthcare interventions from HRB-funded research in 2011 included the following:

- One combined intervention programme to manage chronic lower back pain.
- Three ICT based innovations to improve outcomes for patients suffering from obesity, heart disease and epilepsy.
- Three preventative interventions aimed at heart and tooth health and teenage mental health.
- Two non-pharmaceutical therapeutic interventions for people with ADHD or early stage psychosis.

The examples below further demonstrate our success in this area.

Checklist for managing the health of children's teeth:

Findings by Dr Helen Whelton and her team at UCC Dental School have led to the development of the Caries Risk Assessment Checklist. The list will help dentists to assess the risk of children and adolescents developing cavities and then tailor their preventive advice, interventions and recall intervals accordingly. The Checklist has been incorporated into undergraduate training in both the Dublin and Cork Dental Schools. The use of the Checklist as part of the HSE School Dental Programme has been piloted in one clinical catchment area in Meath serving four primary schools.

Targeting teenage health through their phones:

Grace O'Malley at Temple Street Children's Hospital is developing a smartphone application for use in teenage obesity treatment. This will be tested in a Randomised Control Trial (RCT) which will be the first known attempt to rigorously assess whether a telemedicine approach is effective in paediatric weight management. Additional funding has been secured from the University of Oxford, the Children's Fund for Health at Temple Street Hospital and the National Children's Research Centre, so that development and testing of the device can be completed.

Revolutionising Chronic Disease Management with ICT:

Development of an Epilepsy Electronic Patient Record (EPR) by Mary Fitzsimmons in Beaumont Hospital is facilitating a new model of epilepsy care in Ireland. The HSE National Epilepsy Care Programme will provide a standard of care that is the same in all parts of the country, with equal access for all citizens who need it. Successful implementation of the new procedures and operational changes associated with the National Epilepsy Care Programme relies on the use of the web-based EPR which will ensure that clinical information is available to authorised clinicians when and where it is needed throughout Ireland.

New diagnostics, prognostics and therapies

HRB-funded researchers are making a substantial contribution on the national and international stage by creating new diagnostic and prognostic tools, and therapies. These successful discoveries are not only having an impact on people's health, but are increasing Ireland's capacity for enterprise and are creating a reputation for innovation.

New diagnostic and prognostic tools and therapies outcomes from HRB-funded research in 2011 included the following:

- 1,317 patients were enrolled on cancer clinical studies.
- Three new treatments for bone and lung disease and cancer were in development.
- Four diagnostic tools for detection of cancer, eye deformities, brain injury and lupus were in development.
- Three prognostic tools for improving the treatment of pre-eclampsia and breast cancer were in development.

The examples below further demonstrate our success in this area.

Towards a universal flu vaccine:

A team at University College Cork, led by Dr Anne Moore, has been making strides in developing a universal flu vaccine that protects against many strains, including the pandemic flu. They identified response mechanisms to two potential universal flu vaccines, and the work has led to an EU study on flu vaccines using a novel vaccine delivery platform.

New therapeutic delivery system to tackle cancer:

Dr Roisin Dwyer in NUI, Galway developed adult stem cells that can take up a radioactive tracer. This allowed her to watch as the cells travelled through the blood stream. She found that the adult stem cells 'home in' on tumours, and when a therapeutic dose was added to the radioactive tracer, the stem cells at the cancer sites were able to take it up, and the tumours shrank. The approach has great potential as a therapy delivery system.

New 'Lab-on-a-chip' device to improve breast cancer treatment:

Helen Heneghan in NUI, Galway devised a microchip ('lab-on-a-chip') device that can be used on the blood samples of women with early-stage breast cancer to predict the best treatment options for them. While this device is at a very early stage of development, it has the potential to improve the outcomes for patients with breast cancer in a minimally invasive way.

Creating potential commercial opportunities and economic benefits

While health research is, by its nature, patient-focused, it is increasingly evident that health research has an incredible potential to generate commercial opportunities and develop the enterprise agenda. Our funded work also clearly illustrates a capacity to underpin changes in practice, which will generate significant cost savings across the health service. It also supports job creation and develops our knowledge economy.

Many potential commercial opportunities and economic benefits were derived from projects completed in 2011. These are:

- Three invention disclosures were filed, three patents were awarded and three patent applications were made.
- 79 new clinical trials were introduced.
- 113 research jobs were supported.
- €14 million was leveraged from alternative funding sources.

The examples below provide a snapshot of specific achievements in 2011.

Pre-eclampsia discovery leads to spin out company:

Prof Louise Kenny, an HRB Clinician Scientist in Cork University Hospital, identified 14 different biomarkers which show up in early pregnancy and seem to accurately predict women at risk of developing pre-eclampsia in late pregnancy. She aims to develop a simple blood test in the next few years that will be available to all women and that will detect the risk of this life-threatening illness. Two patents have been filed for this work and a spin out company has been established to commercially exploit the findings.

Cost savings possible through new approach to tooth replacement:

A new study led by Prof Finbarr Allen in the Cork University Dental School shows that replacing missing teeth in older people using fixed bridges, rather than replacing all teeth with traditional removable dentures, leads to improved quality of life and better nutritional status. An economic analysis showed that fixed bridges are also 50% cheaper than traditional dentures. This could be of interest to policy makers as dentures are currently available on the medical card, but fixed bridges are not.

End in sight for bacterial contamination of hospital water systems:

A commercial system that eliminates bacterial contamination from healthcare water tanks and the water distribution pipes has proven to be highly effective. The system was tested for a full year by Professor David Coleman at Dublin Dental School and Hospital. He showed that the system is cheaper and more effective than current disinfection systems and has significant commercial potential.

Developing research capacity and infrastructure

In order to undertake high-quality research, develop world-class researchers and assimilate new advances from health research, it is essential to have the research infrastructure, culture and human capacity to innovate and embrace new knowledge. The HRB continues to be committed to growing research capacity and infrastructure which not only supports excellent research, but plays a central role in developing a coherent approach to health research within our health system.

This activity is inherently built into all of our goals and objectives, and focuses on a number of important areas including:

- The development of career paths for health professionals to become researchers.
- The establishment of infrastructure and facilities to enable world-class clinical research and networks.
- The delivery of methodology support for researchers to stimulate strong research ideas.
- The cultivation of co-funding and collaborative arrangements to maximise research opportunities.

Some of our successes in this area are reflected in the examples below.

Developing research career paths:

The HRB introduced a new scheme for Post-doctoral Researchers in Translational Medicine during 2011. The idea behind these awards is to bridge the gap between early post-doc and clinician scientist or similar senior role. It will give experienced post-docs, with high leadership potential and from a broad spectrum of backgrounds, an opportunity for relevant career progression in research. A total of eight awards were made during the year.

Building clinical research infrastructure:

An HRB Discovery centre was opened in Cork University Hospital (CUH) in March 2011. It provides the clinical space, IT infrastructure and office space to conduct clinical assessments. Five dedicated research staff will help ensure that the children are being cared for and that the research is carried out to the highest standards. Locating the new Centre at CUH is a strategic move due to the established paediatric research programmes and neo-natal care already in place at the hospital.

New Clinician Scientist Award scheme launched:

The HRB re-launched these awards in 2011. The scheme aims to build capacity for research leadership in hospitals and allow leading doctors to split their time between clinical practice and research, develop research questions based on clinical issues they encounter with patients and to translate their research results into practice at the bedside. This round of awards was designed in collaboration with the HSE and the academic institutions with the aim of making both the posts, and the research programmes, sustainable after the HRB funding period comes to an end.

Collaboration:

During the year, the HRB co-funded research projects and programmes with the Health Service R&D Office in Northern Ireland, with the Wellcome Trust, Science Foundation Ireland and with the Irish Medical Charities Research Group.

Innovating healthcare policy and practice

Often, while research studies provide compelling evidence for a need to make changes to healthcare policy and practice, these changes do not take place, thus creating a 'research to practice gap'. The HRB is committed to speeding up the translation of research discoveries into real benefits for health, and to closing the gap between research discovery and application in healthcare policy or practice.

The growth of the HRB's scientific reputation in health research also reinforces our ability to influence knowledge, policy and practice further afield.

During 2011 outcomes from 58 HRB projects had an impact on either healthcare policy or practice. In addition, our funded researchers published in more than 237 international peer-reviewed journals, with 167 having a medium to high impact factor.

Some examples of projects that could positively influence changes in healthcare policy and practice are outlined below.

Installing defibrillators in GP surgeries could save hundreds of lives:

New research from UCD shows that hundreds of lives could be saved each year if GPs were equipped with defibrillators and trained to use them to intervene rapidly when someone has a cardiac arrest. The study, led by Prof Gerard Bury, shows that this simple and cost-effective change in practice means that patients are three to four times more likely to survive sudden cardiac arrest outside hospital.

Education and process of care improves pregnancy outcomes:

Prof Fidelma Dunne in NUI, Galway looked at outcomes of pregnancies before and after introducing an education programme and pre-pregnancy clinics in four ante natal clinics in the West of Ireland. She demonstrated that changing the process of care for women who already have diabetes before they are pregnant can increase live birth rates from 74% to 92%, significantly reduce miscarriages from 22% to eight per cent and reduce the number of still births from four per cent to one per cent.

New information on road traffic collision hot spots could save lives:

A new statistical method for pinpointing hotspots for road-traffic collisions on national primary and secondary roads in Ireland was devised by Erica Donnelly-Swift and Prof Alan Kelly in Trinity College Dublin. Their approach could provide good evidence to inform road safety policy and measures to reduce deaths and injuries associated with road traffic collisions on national routes.

Testing clinical prediction rules:

Clinical prediction rules are used in clinical practice to help support decision-making on diagnosis. However, many of these rules have not been validated in clinical practice. Prof Tom Fahey, and his team at the HRB Centre for Primary Care, are systematically reviewing all these rules and are building an online resource which supplies all clinical prediction rules and indicates the ones that they have validated. This tool will provide strong and practical evidence to influence clinical practice.

Funding research excellence

During 2011, in line with its strategic business plan, the HRB has focused on developing new programmes and schemes designed to build capacity in health research across the health services, develop clinical research infrastructure as well as increase the percentage of funding allocated to support Population Health and Health Services Research. The focus continues to be on improving people's health, developing new treatments and translating research into impacts and benefits for policy and practice.

During the year, a wide variety of capacity building schemes have been introduced or re-launched. Key deliverables in this area included:

- Developing a new funding call for Clinician Scientist Awards. This call was designed in collaboration with the HSE and the academic institutions with the aim of making both the posts, and the research programmes, sustainable after the HRB funding period comes to an end. The first awards under this new scheme will be made in 2012.
- Introducing a new scheme for Post-doctoral Researchers in Translational Medicine which is aimed at experienced post-docs with high leadership potential, from a broad spectrum of backgrounds, to bridge the gap between early post-doc and clinician scientist or similar senior role. A total of eight awards were made during the year.
- Funding additional uptake of students to the PhD Scholars Programme in health services research for 2011.
- Awarding 17 new Health Professional Fellowships.

A target of the strategic business plan 2010-2014 is to double existing investment in Population Health and Health Services Research from 20% of overall funding in 2010, to 40% in 2014. During 2011 significant progress was made in this area with a wide variety of new schemes developed and introduced. Investment in this area is now closer to 30%, which is on target as we approach the mid-point of our strategic plan. Key deliverables for the year included:

- Devising and launching a new Interdisciplinary Capacity Enhancement Awards scheme aimed at building and attracting research capacity at all levels into Population Health and Health Services Research. This scheme will facilitate the development of partnerships between researchers, practitioners and decision makers. Ultimately it will lead to interdisciplinary teams with the expertise required for ongoing, or new, projects.
- Publishing an HRB Mapping Review of Population Health and Health Services Research which describes current levels of activity, capacity and infrastructure, identifies areas of strength and weakness, and explores opportunities and innovative international funding models in this area. The findings from this were incorporated into a framework of actions covering the lifetime of the HRB strategic business plan.
- Making 11 awards in PHHSR under the Health Research Awards.

- Hosting a seminar for PHHSR community to communicate the HRB Implementation Plan for PHHSR (2010-2014).

Developing clinical research and infrastructure

- In 2011, the HRB opened the HRB Discovery Centre in Cork, a paediatric clinical research centre.
- Progress continued in the HRB Clinical Research Facilities in Galway and Dublin, with a total of 52 new and ongoing clinical research studies underway, which involved 5,550 people.
- The HRB and Science Foundation Ireland (SFI) made four awards under the jointly funded HRB/SFI Translational Research Awards scheme. A new call was launched for this scheme, which emphasises the importance of progressing research concepts from the bench to the bedside and aims to bring applied clinical research closer to use.

During the year, the HRB invested €27.1 million in new health research projects, bringing its total funding commitment across the Irish health research system to more than €189 million.

As in previous years, all investments were made on the basis of stringent international peer review processes. Of the 742 applications received during the year, a total of 277 were allocated funding support. A full breakdown of these awards is set out below. This illustrates the number and variety of new health professionals, as well as details of the type of infrastructure projects and research programmes supported in 2011.

Table 2 New awards made in 2011

Awards	Applications	Awards
Career support schemes and capacity building		
Interdisciplinary Capacity Enhancement Awards	21	6
Post-doctoral Translational Fellowships	27	8
Health Professional Fellowships	17	13
Health Economics Fellowships	2	1
Specialist Registrar Training Fellowships (NSAFP)	13	3
Summer Student Scholarships	157	49
NCI Summer Curriculum (Cancer Consortium)	24	7
COEN-JPND Awards	5	1
Translational Research Awards	40	3
Health Research Awards	182	46
HRB/MRCG Co-funded Awards	24	15
Training and workshops		
Cochrane two-day course on systematic reviews	141	38
Half-day 'Introduction to Cochrane' collaboration	76	76
Infrastructure		
ICORG hospitals and Group Central Office	13	11
Total	742	277

In line with the HRB's strategy of supporting excellent research that will impact on health, we actively promoted FP7 health funding opportunities to Irish academic researchers and clinicians. 2011 saw 23 successful participations in FP7 Health calls, and this resulted in a total of €13.6 million being secured for Irish research.

The HRB continued to play a key role in the Joint Programme on Neurodegenerative Diseases (JPND) sitting on both the Executive and Management Boards. The HRB also has responsibility for driving the communications and dissemination work for JPND, and activities in 2011 focused on the production of the European Research Strategy and hosting the ninth JPND Management Board meeting in Dublin Castle during September.



Generating information and evidence for decision-making

Sound evidence and high-quality information are central to good decision-making on health issues. A new evidence generation and knowledge brokering unit was established in 2010 in line with the strategic business plan. Key achievements for the unit in 2011 included:

- Completion of a new substance misuse strategy which will take a population-based approach to problem alcohol use.
- Updating a health portal (website) with access to all known sites containing evidence for health policy.
- Completing a brief review of the evidence with respect to:
 - mental health: community treatment orders
 - measures of non-restraint in nursing homes
 - measures of positive ageing
 - legislation for vetting of people
 - quality standards in disability services
 - clinical indemnity in health services
- Conducting literature searches for the Department of Health.
- Publishing four issues of a health research newsletter, known as Eolas.

Work also continued on the five national information systems managed by the HRB, which provide the most up-to-date evidence for service planning and decision-making in relation to alcohol and drug use, mental health and disability. A full list of the reports published by the HRB, or in journals, is set out in Appendix A. The full text of HRB reports is available on the HRB website: www.hrb.ie/publications

The sample case studies outlined below illustrate the value generated from these information systems during 2011.

Increase in numbers treated for problem alcohol use

Figures from the National Drug Treatment Reporting System (NDTRS) show that the number of cases of treated problem alcohol use rose 43% in the period between 2005 and 2010. A total of 42,333 cases were treated for problem alcohol use in those six years.

The 2011 report illustrates some stark figures:

- Half of the cases were 39 years of age or under.
- Half of the treated cases had started drinking by the time they were 16.
- New cases under 18 years of age increased by 145%, from 109 in 2006, to 267 in 2011.
- One in five cases reported problem use of other substances such as cannabis, cocaine, ecstasy and benzodiazepines.

According to the authors, the increase in the number of cases could be attributed to an increase in reporting to the NDTRS system. However, it is also likely that it reflects a true increase in the number of people requiring treatment for problem alcohol use. Given that some treatment services are yet to participate in the reporting system, the figures underestimate the true extent of treated alcohol use in Ireland.

Census shows large decline in number of people resident in psychiatric hospitals and units

Every five years, the HRB conducts a census of inpatients at psychiatric hospitals and units to monitor trends for service planning. Since 2006, there has been a 17% decline in the psychiatric residents. This decline reflects successive government policies to grow community psychiatric services as an alternative to long-stay institutional care. The drop also reflects deaths of older long-stay patients and their non-replacement by new long-stay patients.

Key findings over the five years include:

- A greater proportion of patients resident in general hospital psychiatric units.
- A greater capacity for patients under 18 years.
- A decrease in involuntary admissions.
- A decrease in proportion of long stay patients reported.

Minister Kathleen Lynch launches HRB report on intellectual disability

The latest report on service provision and service demand among people with an intellectual disability was launched by Minister Kathleen Lynch at an event in the Malta Services Centre in Drogheda.

The Annual Report provides detailed figures on the demographic profile, specialist services provided for the 26,484 people with intellectual disability registered on the database, along with their future service requirements for the period 2011 to 2015.

Key trends observed in the report include increased provision of services, a rise in the reported needs of people with an intellectual disability, the move to community group homes, the move from psychiatric hospitals and greater numbers of individuals surviving into old age. All of these trends have implications for the planning and provision of services into the future, highlighting the importance of the National Intellectual Disability Database as a planning tool.

Appendix A

List of HRB publications

A Picture of Health 2011 – A snapshot of HRB funded Research. Dublin: Health Research Board.

Bellerose D, Carew AM and Lyons S (2011) *Treated problem drug use in Ireland 2005 to 2010.* HRB Trends Series 12, Dublin: Health Research Board.

Carew AM, Bellerose D and Lyons S (2011) *Treated problem alcohol use in Ireland 2005 to 2010.* HRB Trends Series 11, Dublin: Health Research Board.

Daly A and Walsh D (2011) *Activities of Irish Psychiatric Units and Hospitals 2010: main findings.* HRB Statistics Series 12. Dublin: Health Research Board.

Daly A, Walsh D (2011) *Irish Psychiatric Units and Hospitals Census 2010.* HRB Statistics Series 12. Dublin: Health Research Board.

Daly A (2011) *NPIRS National Bulletin 2010.* Dublin: Health Research Board.

Daly A (2011) *NPIRS HSE Dublin Mid-Leinster Bulletin 2010.* Dublin: Health Research Board.

Daly A (2011) *NPIRS HSE Dublin North-East Bulletin 2010.* Dublin: Health Research Board.

Daly A (2011) *NPIRS HSE South Bulletin 2010.* Dublin: Health Research Board.

Daly A (2011) *NPIRS HSE West Bulletin 2010.* Dublin: Health Research Board.

Hiney M, Curran B and Clarke P (2011) *Review of population health research and health services research in Ireland. Volumes 1+2.* Dublin: Health Research Board.

Irish Focal Point 2011 National Report (2010 data) to the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) by the Reitox National Focal Point. *Ireland: new developments, trends and in-depth information on selected issues.* Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2011) *Drugnet Ireland.* Issue 37, Spring. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2011) *Drugnet Ireland.* Issue 38, Summer. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2011) *Drugnet Ireland.* Issue 39, Autumn. Dublin: Health Research Board.

Irish Focal Point to the EMCDDA (2011) *Drugnet Ireland.* Issue 40, Winter. Dublin: Health Research Board.

Kelly F and Kelly C (2011) *Annual Report of the National Intellectual Disability Database Committee 2010,* HRB Statistics Series 13. Dublin: Health Research Board.

Lyons S, Lynn E, Walsh S, Sutton M, Long J (2011) *Alcohol-related deaths and deaths among people who were alcohol dependent in Ireland, 2004 to 2008:* HRB Trends Series 10, Dublin: Health Research Board.

National Documentation Centre on Drug Use (2011) *Directory of courses and training programmes on drug misuse in Ireland 2011.* 6th Edition Dublin: Health Research Board.

O'Donovan M-A (2011) *Annual Report of the National Physical and Sensory Disability Database Committee 2010,* HRB Statistics Series 14. Dublin: Health Research Board.

Journal publications 2011

A number of HRB staff had papers accepted for publication in international journals. These are listed below (HRB staff in bold).

Dunne M. (2011) Barriers and Facilitators to Research Use Among Allied Health Practitioners: A Mixed-Method Approach to Assessment. Evidence Based Library and Information Practice, North America. Available at: <http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/11750>. Date accessed: 13 Aug. 2012.

Galvin B. (2011) Evidence-based practice: a mind-altering substance. A blended learning course teaching information literacy for substance use prevention work. Journal of Information Literacy, 5(1) <http://ojs.lboro.ac.uk/ojs/index.php/JIL/article/view/1512> Date accessed: 13 Aug. 2012.

Hope A, and **Mongan D** (2011) A profile of self-reported alcohol-related violence in Ireland. *Contemporary Drug Problems*, 38 (2): 237-258.

Keane M. (2011) The role of education in developing recovery capital in recovery from substance addiction. Dublin: Health Services Executive's Soilse Drug Rehabilitation Project.

McConkey R, **Kelly F** and **Craig S**. (2011) Access to respite breaks for families who have a relative with intellectual disabilities: a national survey, *Journal of Advanced Nursing*, 67, 6: 1349-1357.

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Appendix B

Extract from the Financial Statements

Revenue Income and Expenditure Account

for the year ended 31 December 2011

	2011 €	2010 €
INCOME		
Department of Health and Children Revenue Grant	30,300,000	33,511,542
Other Research Funding	1,570,329	1,316,267
Interest Receivable and Other Income	8,577	17,057
Transfer to Capital Reserves of Amount Allocated to Fund Fixed Assets	(8,886)	(23,730)
	31,870,020	34,821,136
EXPENDITURE		
Awards	24,945,503	27,789,641
Health Information Systems	1,287,048	1,409,207
Evidence Generation & Knowledge Brokering	1,064,102	1,065,759
Corporate Expenditure and Programme Management	4,591,760	4,559,038
	31,888,413	34,823,645
(DEFICIT)/SURPLUS FOR THE YEAR	(18,393)	(2,509)
Revenue reserve at 1 January	54,416	56,925
REVENUE RESERVES AT 31 DECEMBER	36,023	54,416

Capital Income and Expenditure Account

for the year ended 31 December 2011

	2011	2010
	€	€
INCOME		
Department of Health and Children Capital Grant	7,710,105	10,181,025
Amortisation of Capital Fund Account	58,491	77,751
	7,768,596	10,258,776
EXPENDITURE		
Awards	7,710,105	10,179,786
Refurbishment Costs	–	1,239
Depreciation	58,491	77,751
	7,768,596	10,258,776
SURPLUS FOR THE YEAR	–	–

Balance Sheet

as at 31 December 2011

	2011 €	2010 €
FIXED ASSETS		
Tangible assets	134,096	183,700
CURRENT ASSETS		
Debtors	363,292	380,839
Investments	641	641
Cash at bank and on hand	108,540	334,832
	472,473	716,312
CURRENT LIABILITIES		
<i>Amounts falling due within one year:</i>		
Creditors	436,450	661,896
	436,450	661,896
NET CURRENT ASSETS	36,023	54,416
NET ASSETS	170,119	238,116
RESERVES		
Accumulated surplus on income and expenditure account	36,023	54,416
Capital fund	134,096	183,700
	170,119	238,116

