HSE Strategic Framework for Health and Social Care Research

Building the Foundations of a Research-Enabled Health System



Developed by the Research Workstream Working Group of the HSE Programme for Education, Training, Research, and Innovation (ETRI)

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Foreword

Ireland's health and social care system is undergoing a period of significant transformation. The ongoing implementation of Sláintecare, sustained investment in health services, workforce growth, major capital developments and rapid advances in digital technologies are creating new opportunities to improve how care is planned, delivered and evaluated. At the same time, there is an increasing expectation that the health system demonstrates measurable improvements in outcomes, productivity, efficiency and value for public investment.

The Department of Health Statement of Strategy 2025-2028 recognises the critical role of research and innovation in supporting and enabling integrated care and service delivery. This strategic framework supports that vision by positioning the HSE as a research-enabled organisation capable of generating, adopting and applying evidence at scale across the health and social care system. Embedding research within service delivery is not an optional activity. It is a fundamental enabler of integrated care, supporting the shift of care closer to home, improving access to services, reducing variation and ensuring that decisions are informed by the best available evidence.

The ambition and vision set out by both the Department of Health and the HSE is reinforced by important developments at European level. As Ireland progresses key files under our EU Presidency, we are placing a strong emphasis on health as a driver of resilience, innovation and sustainable competitiveness. A healthier population, a stronger evidence base and a more innovative health service are essential both to better outcomes for people and to Europe's wider social and economic strength. The European Health Data Space presents a transformative opportunity to support the secure and trusted use of health data for research, innovation and improved healthcare delivery. Similarly, the growing European focus on biotechnology, underpinned by the proposed European Biotech Act highlights the importance of ensuring that research can move more efficiently from discovery to real-world impact.

To make the most of these opportunities, Ireland needs a stronger and more joined-up research system. Ireland's health information and health research system now has an important opportunity to align with European standards while simplifying and harmonising national processes. As the EU moves towards greater consistency, Ireland can reflect that same ambition at national level. This means making research easier to support, manage and use across the health service. By reducing complexity, strengthening partnerships and improving national approaches to governance, approvals and data access, we can help good research happen faster, support innovation in care, and deliver better value from public investment.

This strategic framework represents a shared commitment by the Department of Health and the HSE to building the foundations of a modern, research-enabled health and social care system. It recognises that research is not an activity that sits alongside service delivery, but a core function of a high-performing healthcare system. By strengthening our collective capability to generate and use evidence, we can improve patient outcomes, support sustainable health services, enhance Ireland's international reputation and competitiveness and maximise the return on our public investment in research and innovation. The test of success will be whether research and innovation become part of the normal business of delivering health and social care — improving decisions, strengthening services and making a measurable difference to people's lives.



Muiris O'Connor
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Colm Henry
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Chair's Foreword

Research has long been recognised as a key function of modern health systems. Within the Irish health and social care system however, research is still not consistently enabled or supported at scale. The HSE Action Plan for Health Research 2019–2029 was the first time this challenge was clearly articulated at system level, setting out the ambition to organise, support and embed research across the Public Health Service.

Since then, important progress has been made. National research governance frameworks have been established, regional leadership is emerging, and core enabling infrastructure is being put in place. These developments represent a significant shift, from fragmented activity towards a more structured and coordinated approach to research.

This Framework builds on that progress and marks the next phase of this journey. It moves from establishing the foundations of a research system to strengthening and scaling it so that research can operate consistently across all regions and contribute more directly to patient care, service delivery and system performance.

While the ambition set out here is deliberate and achievable in the long term, the goal is to establish a minimum viable, system-wide research capability that is safe and nationally coherent by 2030. This will provide the foundation for a more mature system over time, one where research is firmly established and embedded as a core function of the health service.

Delivering this will require sustained commitment, strong partnerships and a shared understanding that research is not an add-on, but an essential part of how a modern health system learns, improves and delivers for patients. This Framework sets out a clear and practical pathway for achieving that ambition.



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Chair
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HSE Strategic Framework for Health and Social Care Research - Overview

- Research is a core function of modern health services and a driver of better outcomes, stronger workforce, improved services and evidence-informed policy.
- By 2030, the HSE will establish a minimum viable, safe, coherent and consistently operational research capability across all Health Regions.
- Full maturity will require sustained development beyond 2030 (likely over the next decade).
- The strategic pillars and enablers in this Framework provide a coherent roadmap to embed research as a routine and valued function of the Public Health Service.
- A high-performing research ecosystem depends on a research-enabled HSE.

- The HSE is largest provider of care, primary environment for patient involvement, steward of data, and responsible for translating evidence into practice.
- Since 2019, substantial progress: governance standards, REC reform, Regional Directors of Research and Offices, and NERMS.
- Major reforms (Health Regions, digital health, data legislation) create a unique opportunity to embed research.
- Research is embedded in national strategies (cancer, mental health, genomics, public health, etc.).
- As HSE's culture is essential – research must be understood, valued and supported as a core function.

STRENGTHS

- Established national research leadership and governance
- Emerging regional leadership and governance structures
- Strong clinical–academic partnerships within a mature academic ecosystem
- Exceptional potential of HSE data to improve population health and system performance
- National & EU legislative environment to underpin secondary use of data
- Unique platform for health services research, implementation science and clinical studies

WEAKNESSES

- Regional variation in governance, infrastructure and capability
- Weak knowledge translation and implementation capability
- Limited workforce capacity, protected time and career pathways
- Underdeveloped financial model and fund management (cost recovery, indirect costs, transparency)
- Data access barriers, complex ethics system, high administrative burden and slow study start-up
- Low involvement of service users and patients in research lifecycle

OPPORTUNITIES

- New legislation (e.g. Health Information Bill) enables better use of data and digital infrastructure
- Sláintecare opportunity to embed research as a core function
- AI (with governance) can accelerate innovation and knowledge generation
- Streamlined governance and strong academic partnerships enhance agility and global competitiveness
- National frameworks support consistent leadership and sustainable research capability

THREATS

- Service demands can make it difficult to prioritise internal investment in research infrastructure and capability
- Fragmented governance and ethics structures undermine consistency and value
- Limited integration of research within healthcare practice constrains translation and impact
- Demands on the healthcare workforce limit participation in research and evidence implementation
- Change fatigue, resistance and loss of momentum slow progress

HSE Strategic Framework for Health and Social Care Research

OUR STRATEGIC FRAMEWORK: 5 PILLARS

IMPACT
Patients, Services & Economy
Ensure research improves care, informs policy, strengthens services and delivers measurable value.

SUSTAINABILITY
Financial Viability & Sustainability
Build robust funding models, cost recovery mechanisms and financial governance to sustain a research-active health system.

WORKFORCE
Capability, Development & Support
Develop and support an inter-professional workforce to participate in, lead and apply research as part of routine practice.

SYSTEMS & ARCHITECTURE
Core System Architecture for Research Delivery
Establish standards for digital, data and governance infrastructure to enable consistent, efficient and scalable research.

GOVERNANCE
Leadership & Accountability
Ensure clear leadership, accountability and assurance to deliver safe, ethical, compliant and high quality research.

3 CROSS-CUTTING ENABLERS

Meaningful Partnership with Patients and the Public in Research

Maximising the Impact of Clinical–Academic Partnership

A Cohesive National Research Ecosystem

CONCLUSION

- A clear strategic direction to embed research as a core and valued function of the Public Health Service.
- By 2030: minimum viable research capability across all Health Regions – the foundation for maturity beyond 2030.
- Requires disciplined prioritisation, strong governance, investment, partnerships and workforce supports.
- Delivery through a time-bound implementation plan with clear ownership, sequencing and investment.

DRIVING IMPACT



NEXT STEPS TO 2030

01 Develop detailed implementation plan to achieve minimum viable system.

02 Define roles, responsibilities and accountability at national and regional level.

03 Invest in foundational capability and infrastructure.

04 Monitor progress with KPIs and assurance frameworks.

05 Deliver research that improves care, outcomes and population health.

Research is essential to delivering a modern, high-performing health service.

Together, we will build a research-enabled HSE that delivers for citizens today and a healthier Ireland for the future.

Introduction

A high performing national health research ecosystem depends on a research enabled Public Health Service.

The HSE is the country's largest provider of care, the primary environment for patient involvement in research, the steward of clinical and population health data, the holder of operational and legal risk, and the system ultimately responsible for translating evidence into practice. Without an empowered and research-ready health service, academic excellence, national research strategies and investment in research infrastructure cannot achieve their full impact.

This Framework is explicitly aligned with the Department of Health Statement of Strategy 2025-2028, which identifies embedded research and innovation, data-driven decision making and strengthened governance and partnerships as critical enablers of health system reform. It supports its five national strategic priorities by positioning the HSE as a research-enabled system capable of generating and applying evidence to improve patient outcomes, service performance, equity and sustainability.

In recent years, Ireland has seen substantial growth in health service funding, workforce expansion and capital development, alongside the ongoing implementation of Sláintecare. In this environment, there is an increasing expectation that the health system demonstrate productivity, value for money and measurable outcomes. A research- enabled service, is essential to meeting this expectation by generating evidence on what works, reducing inefficiencies, informing resource allocation and supporting continuous improvement in the delivery of care. Embedding research within service delivery is therefore a core enabler of integrated care, shifting care closer to home, reducing inequalities and improving timely access to services. Research capability enables the health system to plan services based on population need, evaluate new models of care and adapt to emerging challenges in a structured and evidence-informed way.

While Ireland benefits from world class research capacity and strong academic expertise within universities and major teaching hospitals, the pace, scale and impact of national progress depend fundamentally on the HSE's operational capability and readiness to act as a full and equal partner in research and to maximise the opportunity offered by collaborating with academic institutions for the benefit of patients.

The HSE Action Plan for Health Research (2019–2029) established, for the first time, a clear vision for systematically organising, governing and enabling health and social care research within the public health service. The scope of this strategic framework encompasses all research including clinical research, health services research and population health research that involves the recruitment of participants or the use of their data or samples through publicly funded health services.

It recognised research as an essential function of a modern health system and identified the governance, infrastructure, workforce and partnerships required to embed research across all levels of service delivery. Since 2019, substantial progress has been made. The HSE National Research & Development Office

has introduced national governance standards and commenced major reforms, including the restructuring of the Research Ethics Committee (REC) system; strengthened oversight through emerging Regional Directors of Research (RDoR) and Regional Research Offices (RRO); and built the National Electronic Research Management System (NERMS) to support consistent approvals and oversight. It has also led the development of national policies, model contract agreements and operational guidance that reduce variation and strengthen compliance across the system.

These developments coincide with wider system reform, including the establishment of Health Regions and major expansion of national digital and data infrastructure such as the rollout of electronic patient records. They also align with important developments in the legislative and policy environment, including the Health Information Bill, the EU Health Data Space, and the Department of Health's 2022 Report of the Expert Review Body on Nursing and Midwifery among others. Together, these reforms create critical enabling conditions for research that can contribute to improved population health and enhanced quality of care across the health service.

In addition, research is now embedded within major national strategies spanning cancer, mental health, genomics, public health, adult safeguarding and others. The delivery of these strategies depends on a health service research environment that is operationally capable and digitally enabled to act as a core national partner. Past and ongoing investments by the Health Research Board (HRB) in Clinical Research Facilities and national clinical trial networks, by Research Ireland in large scale health focused research centres, and by Health Research Charities Ireland (HRCI) in patient centred research has significantly strengthened Ireland's academic research environment over the last 15 years. However, these assets can only deliver their full value if matched by a consistent and mature HSE research delivery system. Completing the HSE's Research Ethics Committee (REC) reform, streamlining the approval workflows and contracting pathways and data governance research architecture is critical to enabling effective clinical–academic collaboration across all Health Regions. In addition, the proposed reforms within this plan create a critical opportunity for the HSE to harness the vast volume of data generated through publicly funded health services. With appropriate governance, digital capability and clear access frameworks, these data have the potential to transform understanding of how services are planned, delivered and improved, enabling a learning health system that drives better outcomes, efficiency and value for public investment.

Delivering this vision requires a sustained shift in organisational culture. Research must be understood, valued and supported as a core function of the health service, rather than an adjunct activity. Without cultural alignment, structural and governance reforms alone will not achieve their intended impact. A growing international evidence base shows that research active healthcare organisations deliver better outcomes for patients and staff, including improved clinical outcomes, more informed care, stronger workforce engagement and greater system resilience.[1] Conversely, failure to embed research within routine service delivery carries a significant opportunity cost, limiting improvements in quality, safety and productivity, weakening workforce sustainability and diminishing the return on national investment in health and social care research activity and infrastructure. Embedding a culture of research in healthcare delivery is therefore not optional; it is essential to achieving sustainable, evidence informed health system reform.

1 For example see: Hanney, S.R. and González-Block, M.A. (2015) 'Health research improves healthcare: now we have the evidence and the chance to help the WHO spread such benefits globally', *Health Research Policy and Systems*, 13, 12.; Boaz, A., Goodenough, B., Hanney, S. and Soper, B. (2024) 'If health organisations and staff engage in research, does healthcare improve? Strengthening the evidence base through systematic reviews', *Health Research Policy and Systems*, 22, 113; Downing, A., Morris, E.J.A., Corrigan, N., Sebag-Montefiore, D., Finan, P.J., Thomas, J.D., Quirke, P. and van der Meulen, J. (2015) 'High hospital research participation and improved colorectal cancer survival outcomes: a population-based study', BMJ Gut, 66(1), pp. 89–96.; Ozdemir, B.A., Karthikesalingam, A., Sinha, S., Poloniecki, J.D., Hinchliffe, R.J., Thompson, M.M. et al. (2015) 'Research activity and the association with mortality', PLoS ONE, 10(2), e0118253.

This Framework sets out the long-term strategic ambition for health and social care research within the HSE, with the intention to establish a minimum viable, safe and consistently operational research capability across all Health Regions by 2030.

This capability will provide the foundation for longer-term maturity, where research is fully embedded across services and professions and consistently contributes to improved outcomes for patients, service users and society. Next steps include development of a time-bound implementation plan with clear ownership, governance and accountability for priority actions, and identification of enabling investments required to deliver this vision.

The plan is structured around five thematic pillars and three cross-cutting enablers.

Together, these components provide a comprehensive framework for building a research-enabled health service that is coherent nationally, operationally delivered within HSE Health Regions and that maximises the opportunity offered by academic partnerships.

Furthermore, the plan addresses many of the recommendations by the Irish Health Research Forum, a national cross-system leadership forum that has identified longstanding, shared challenges requiring coordinated action across the health and research system overall.

PILLAR 1
Delivering impact for patients, services and the economy

Objective

To ensure that health and social care research within the scope of this plan consistently translates into improved care, policy, practice and service delivery by aligning research with national and regional priorities, strengthening system level knowledge translation capability, and making research impact visible, measurable and accountable.

Strategic Rationale

The full value of health research is realised only when it improves care, informs policy, strengthens services and delivers tangible benefit for patients and the public. In the context of constrained public finances, rising service demand and major system reform, research in the HSE must demonstrably support better outcomes, improved productivity and smarter use of resources. Knowledge translation is not the responsibility of individual researchers alone. It requires explicit leadership, system level coordination, dedicated capability and clear accountability across national and regional structures.

Progress to Date

Progress in this area has been limited to date and structural barriers to research impact, including weak links between researchers and policymakers, limited dissemination systems, underdeveloped implementation capacity and constraints on practitioner-led research exist. In addition, systematic mechanisms to measure and demonstrate research impact are not currently in place.

PILLAR 1
Delivering impact for patients, services and the economy

PRIORITIES:

Articulate knowledge gaps to support alignment of research activity with health system, patients and policy priorities and goals:

Research activity supported by the health service must be strategically aligned with patients, service and policy priority needs, it is therefore paramount that such research priorities are clearly articulated. Priority setting should involve patients, clinicians, service leaders, policymakers and funders to ensure research agendas address real world challenges and generate evidence that informs decision making, improves population health and supports system reform, including Sláintecare delivery, workforce sustainability and health equity.

Develop a HSE KPI framework to measure the value and impact of research:

Establish a coherent, proportionate and meaningful suite of research impact KPIs that support performance management, organisational learning and accountability at national and regional level, guided by a structured framework for measuring and evidencing impact across policy, practice and service improvement, so that this can be reported and used in future focused investment decisions.

Enable co production with research users across the system:

To maximise impact, research must be co produced with those who will use or be affected by it. This requires the early and ongoing involvement of policymakers, service leaders, clinicians, patients and communities across the research lifecycle, ensuring relevance, feasibility and uptake of findings. For the HSE, this means embedding clear expectations for co production within governance and funding processes so that engagement with research users is routine rather than ad hoc.

Institutionalise knowledge translation and implementation:

The HSE must embed knowledge translation, dissemination and implementation capability as a system function, with dedicated expertise, leadership and governance, so that evidence is routinely synthesised, communicated and translated into policy, practice and service improvement, with knowledge translation activities embedded within quality governance and patient safety frameworks to drive continuous improvement.

Leverage data driven and AI enabled research as a critical opportunity for service improvement:

The HSE's scale and longitudinal health data provide a unique national asset; ensuring these data are research ready, securely accessible and proportionately governed will enable advanced analytics, including AI, to identify new insights and accelerate system learning. This capability will materially strengthen both nationally commissioned research and locally embedded practice based improvement.

PILLAR 2
Financial viability & sustainability of a research active health system

Objective

To establish a financially viable and sustainable research active health system by putting in place robust funding models, cost recovery mechanisms and financial governance that enable research to grow at scale, reinvest in capability and infrastructure, and operate without competing with or destabilising core service delivery.

Strategic Rationale

A financially viable and sustainable research active health system is essential to embed research as a core function of care delivery rather than an optional or externally driven activity. Without stable internal investment in the architecture to support research (e.g. support, governance, ethics, legal and data), clear cost recovery mechanisms and strong financial governance - research competes with service budgets, relies on short term funding, and remains uneven across regions and professions. This pillar establishes the financial and system foundations that allow research to grow predictably, recover its costs, reinvest income into capability and infrastructure. This is key to the long term sustainability of all other pillars.

Progress to Date

Progress to date has been limited and fragmented, with current approaches to research financing insufficient to underpin a sustainable research active health system. Addressing this gap requires a clear two pronged approach: stable, multi year core investment to support essential system architecture, and full cost recovery to ensure that research activity covers its true costs and reinvests income back into the research ecosystem.



PILLAR 2
Financial viability & sustainability of a research active health system

PRIORITIES:

Carry out a scoping study of international models for financial research governance and sustainability within healthcare systems across the world to inform the design of the most suitable model for Ireland in order to inform how a health service research environment can be created and developed in a sustainable manner into the future and develop a consensus statement.

Establish a protected core fund at national and regional level for research enabling architecture:
Sustained multi year core funding is required to maintain the minimum viable essential research functions with specialist research management and support staff. It is also needed to secure the long term viability of biobanks, disease registries and other IT infrastructure, which must be treated as national infrastructure with stable operational budgets to ensure quality, interoperability and reliable access for research and service improvement.

Develop the HSE National Financial Regulations for research income management. These should provide guidance and clarity on cost recovery models, overheads, contracting and invoicing requirements, VAT etc.

Develop internal capability to raise, govern and manage research funds:
The HSE must establish clear, standardised mechanisms to raise, manage and administer research funds in compliance with public financial governance requirements. This includes consistent processes for securing, holding and drawing down research income across all regions, with clear roles, delegations and accountability, alongside mechanisms to support joint management of research funds with academic partners. These arrangements are essential to support delivery of funded studies and position the HSE as a reliable and responsive research host.

Develop and implement multi-year regional and national re-investment plans, informed by a robust, excellence-based review process, to create a sustainable cycle where research income contributes to cover costs related to governance, capacity building and infrastructure, both at regional and national level.

Transparency:
Develop a national programme for transparent reporting of research investment, covering infrastructure spending, annual financial flows and strategic priorities.

PILLAR 3
Workforce Capability & Development

Objective

To build and sustain a research enabled health service by developing the people, skills, structures and culture required for staff across all professions to participate in, lead and apply high quality research as part of routine care delivery.

Strategic Rationale

A research-enabled health service depends on a skilled, supported inter-professional workforce able to participate in research as part of routine practice, with evidence showing research-active services attract and retain high-quality staff. Strengthening research workforce capability is a national priority, reflected in strategies such as the National Clinical Trials Oversight Group, the forthcoming Life Sciences Strategy, the Nursing and Midwifery Expert Review Body, and the Public Health Strategy, which emphasise workforce expansion and structured career pathways. However, within the health service this remains fragmented and addressing this is essential to deliver national ambition and embed research in routine care.

Progress to Date

Research workforce capability development within the HSE remains fragmented and largely driven by external funding programmes, with limited and uneven access for HSE staff, reliance on isolated initiatives and seed funds, and a persistent absence of a coherent, internally supported workforce model to systematically embed research across the health service.



PILLAR 3
Workforce Capability & Development

PRIORITIES:

Develop a national HSE policy that standardises research secondments and protected time buy out across all professions, with clear contracts, payment rates, approval pathways and regional backfill models, enabling services/funders to transparently release clinical time, protect careers, and embed research into job planning and progression without impacting service delivery.

Formally embed research as a core and incentivised element of healthcare careers by recognising research activity within HSE HR systems, including CPD accreditation, performance reviews, promotion criteria, and national competency and career frameworks.

Introduce a formal, regulated mechanism to allow the temporary hiring of externally funded research staff outside regional headcount limits, enabling rapid scaling of research teams for specific projects, supporting high quality study delivery, and strengthening knowledge transfer and internal research capability.

Expand existing and create further inter-professional research skilled advanced practitioner and joint clinical–academic roles across all disciplines based on the population based health needs of the region by introducing national templates, agreed FTE allocations and aligned HR/finance processes with universities.

In collaboration with the academic institutions, develop Regional Research Support Hubs to act as a centralised, multidisciplinary backbone for health research, providing consistent expertise in study design, statistics, grant development, ethics and governance, data protection, recruitment, and publication, reducing duplication and ensuring equitable access to high quality research support across all regions.

Introduce regional small grant and seed funding schemes to support early stage, practice embedded research, enabling feasibility studies, pilot work, protected research time and grant development.

Grow research capability for integrated care and community based teams through the introduction of Community Research Coordinators posts to support research in integrated care in collaboration with GP practices, mental health services, disability services and primary care teams in engaging with research activity. This should be underpinned by protected time for primary care teams, supporting expansion of research activity beyond acute settings.

PILLAR 4
System Architecture for Research Delivery

Objective

To establish and sustain proportionate, standardised and trusted research management infrastructure across all Health Regions, enabling governance, facilitating academic collaborations while maximising the value of national research and digital investment for patients, services and the public.

Strategic Rationale

A robust, national research architecture is essential to enable consistent, efficient and scalable research delivery across the health service. Current variation in governance, digital capability and operational infrastructure creates risk, delays and inefficiencies, limiting collaboration opportunities, participation in clinical trials and data driven research. These foundations are critical to realise the full value of wider health system reforms and to avoid losing a unique opportunity to harness health data for research, service planning and population health improvement.

Progress to Date

National reform of the Research Ethics Committee (REC) system is underway, with emerging regional Reference RECs providing the basis for a unified approval model. Regional Research Offices are developing core governance functions, including risk management, contracting, data protection compliance and host site authorisation, though capability remains uneven across Regions. In parallel disease registries and biobanking capacity is increasing, but governance and sustainability models remain inconsistent.



PILLAR 4
System Architecture for Research Delivery

PRIORITIES:

Develop a national HSE policy that standardises research secondments and protected time buy out across all professions, with clear contracts, payment rates, approval

Deliver a unified, simplified process for proportionate research ethical review by completing the ongoing REC reform and move to a single system approval model supported by the National Electronic Research Management System (NERMS), ensuring consistent, risk based ethics oversight across all Health Regions while reducing duplication and administrative burden.

Standardise Regional Research Office capability by establishing core, minimum research office functions in every Region, aligned to a national operating model enabled by NERMS, to deliver consistent contracting, compliance, data protection, risk management and host site authorisation.

Embed end to end digital research management and reporting by rolling out NERMS functionality across Regions and sites, enabling transparent tracking, reporting and management of research activity.

Enable high quality, data driven research by putting in place clear, consistent governance and access pathways for secondary use of data at local level, supported by standardised DPIAs, data access agreements, anonymisation processes and agreed risk assessment and management processes.

Leverage National Strategies such as AI for Care and the upcoming HSE Data Strategy, as well as the Electronic Health Record (EHR) and the digital reform to ensure that existing and planned digital infrastructure is explicitly designed to enable research beyond acute settings, by embedding interoperability across acute and community digital health records, to enable future data access for research via future secure national data access platforms enabling population based and integrated care research. Also, ensure that a national approach underpins the development of sustainable infrastructure for disease registries and biobanks to enable research, including sustainable governance, digital standards and funding models, ensuring alignment with national data systems, equitable access and long term viability and sustainability.

Establish regional capability for clinical research support by creating a minimum standard core of permanent research support roles across HSE regions, including research nurses, midwives, clinicians, trial coordinators and data managers, supported by national job descriptions and career pathways. This will shift research delivery from grant-dependent posts to core infrastructure, enabling wider participation, reducing delays from staffing gaps and increasing system capacity, equity and responsiveness. It will also complement Clinical Research Facilities (CRFs) in the academic sector, strengthening integration and supporting a more sustainable, system-wide research delivery model.

Support research as routine practice by ensuring appropriate physical space is available for staff in research and clinical academic roles.

PILLAR 5
Research Governance, Leadership and Accountability

Objective

To establish a coherent, accountable, and empowered governance and leadership structure that ensures research across the Public Health Service is safe, ethical, legally compliant and enabled by clear roles, responsibilities, and decision making authority at national and regional level

Strategic Rationale

Clear, accountable governance is essential to ensure research within the public health service is safe, ethical, legally compliant, and aligned with national priorities. Defined decision making authority, ownership and accountability at national and regional level are required to manage risk, ensure consistency and provide assurance to the State, funders and patients while enabling timely, proportionate research delivery at scale.

Progress to Date

The HSE has established national foundations for research governance through the creation of the National Research & Development (R&D) Office, providing central authority for policy development, standard setting and system coordination. This has been underpinned by the development of the HSE National Framework for the Governance, Management and Support of Research (RGMS), the establishment of a National RGMS Committee, and the introduction of national research policies, governance guidance and model legal agreements to improve consistency, clarity and risk management across regions. Regional leadership is now emerging through the appointment of Regional Directors of Research strengthening accountability and oversight, but structures, reporting lines and role standardisation remain variable across regions.

PILLAR 5
Research Governance, Leadership and Accountability

PRIORITIES:

Standardise and professionalise senior research leadership roles by defining roles, competencies, and research related accountability for the Regional Directors of Research, Chief Academic Officers, Regional Clinical Directors, Regional Directors of Nursing and Midwifery and others on the Regional Executive. This will strengthen clarity of decision making authority, reduce regional variation, and ensure these roles are appropriately empowered and integrated within regional executive and clinical governance structures.

Embedding research governance and leadership within the emerging regional structures is a critical next step. Clear reporting arrangements and formal accountability to Regional Executive Management Teams must be established to ensure coherence and strengthen system wide accountability. This will result in the integration of the research directorates into each Health Region's clinical governance framework.

Full operationalisation of existing national HSE research policies, guidelines and templates across all Health Regions, and additional ones developed, such as governance and management of secondary use for research, national financial regulations for research Income, research integrity policies among others.

Finalise and implement a consistent performance framework for research by developing and implementing a nationally consistent suite of research KPIs to assess regional performance not only in the implementation of the HSE Research Governance, Management and Support (RGMS) Framework, but also in delivering the strategic objectives of this Strategic Framework, enabling transparent performance monitoring, benchmarking and continuous improvement across all Health Regions.

Strengthen assurance, audit and risk visibility for research governance by implementing a proportionate national assurance framework for research governance, incorporating risk based oversight, periodic audit or peer review, and structured reporting to the National RGMS Committee and regional executive teams. This will improve visibility of compliance, risk and system performance, support early identification of issues, and provide clear assurance to the State, funders and patients.

Support research as routine practice by ensuring appropriate physical space is available for staff in research and clinical academic roles.

ENABLER 1
Meaningful Partnership with Patients and the Public in Research

Objective

To embed meaningful and consistent partnership with patients, service users and communities across the health research system, ensuring that lived experience is integral to developing research priorities, design, governance and translation, and that research becomes more relevant, ethical, inclusive, and impactful.

Strategic Rationale

Meaningful partnership with patients, service users and the public is essential to ensuring that health research is relevant, ethical and delivers real impact for individuals and communities. International evidence shows that research which embeds lived experience is more likely to address the priority needs of service users, recruit participants effectively and translate into improved care and outcomes.[2]

Progress to Date

Public and Patient Involvement (PPI) is now recognised as essential to producing relevant, trusted and ethical research. Recent progress includes HSE PPI guidelines and stronger collaboration between the National R&D and the national Patient and Service User Engagement (PSUE) offices.

2 Crocker, J.C., Ricci-Cabello, I., Parker, A. et al. (2018) 'Impact of patient and public involvement on enrolment and retention in clinical trials: systematic review and meta-analysis', BMJ, 363, k4738; Brett, J., Staniszewska, S., Mockford, C. et al. (2014) 'A systematic review of the impact of patient and public involvement on service users, researchers and communities', Patient, 7(4), pp. 387–395.

ENABLER 1
Meaningful Partnership with Patients and the Public in Research

PRIORITIES:

Develop a national framework and standards for Public and Patient Involvement (PPI) in research that sets clear expectations for meaningful partnership across the full research lifecycle, supported by shared terminology, minimum standards and practical guidance. The framework will be evidence informed and inclusive, building on national and international best practice while adapting existing models to the HSE context to avoid duplication. It will include structured approaches to priority setting to ensure research agendas reflect what matters most to patients, service users and communities.

Embed joint national and regional governance for PPI, with the National R&D Office and National PSUE Office co leading the national approach and regions mirroring this structure. This must be fully integrated into research governance, ethics, feasibility, funding calls and performance management so that partnership becomes a core requirement.

Expand geographically inclusive and community based approaches to PPI by ensuring that participation in research, including clinical trials, is not limited to major acute hospitals but is accessible and supported across diverse care settings and populations, and supporting early and visible implementation across all Regions by introducing community champion models and strengthening clinician engagement in early stage community outreach.

Build research system capability and culture for meaningful partnership by embedding inclusive, participatory and trauma informed practice through sustained training, mentorship, reflective research practice, and organisational supports. Dedicated resourcing is required - including funding for community participation, accessible engagement processes, facilitation support and fair compensation for lived experience partners - to ensure PPI is feasible, valued and consistently implemented.

Strengthen regional and national infrastructure for PPI through a structured maturity pathway that supports consistent development across Health Regions. In parallel, put in place practical measures to enable inclusive participation, ensuring that under-represented patients and service users can engage safely and meaningfully. This includes accessible and culturally appropriate engagement approaches, appropriate supports and safeguards, and clear systems for monitoring, reporting and shared learning.

ENABLER 2
Maximising the Impact of Clinical–Academic Partnership

Objective

To establish a coherent and equitable clinical–academic partnership model across all HSE Health Regions that enables research to be co produced, efficiently governed, embedded within health services, and translated into improved care delivery, outcomes and population health.

Strategic Rationale

In the pursuit of impact, academic institutions and health services share many goals, but differences in incentives, operating models and approaches mean that alignment does not occur organically. Without deliberate leadership, shared structures and agreed ways of working, collaboration remains fragmented, slowing the adoption of evidence into practice and diluting the return on public investment. A clear, system level commitment to clinical–academic partnership enables the health service and academia to align priorities, leverage shared resources, and accelerate consistent, evidence informed improvement in patient care and population health.

Progress to Date

The health service has a strong foundation for clinical–academic partnership through relationships with Higher Education Institutes, These partnerships support clinical trials via the Clinical Research Facilities (CRFs) providing research infrastructure and trial delivery. Some regions have formalised HSE–academic engagement via institutional agreements. However, partnership maturity and consistency remain variable across regions, settings and professional groups.

ENABLER 2
Maximising the Impact of Clinical–Academic Partnership

PRIORITIES:

Develop a national HSE–Academic Research Collaboration Framework that sets clear principles for joint working with universities, removes duplication, accelerates study start up, and establishes predictable processes for contracting, data sharing and shared use of research infrastructure.

Put in place formal regional partnership agreements between Health Regions and academic institutions to align research priorities, jointly plan infrastructure, coordinate capability development, integrate CRFs, clarify governance, and support shared clinical–academic career pathways.

Develop a suite of model contracts nationally pre-agreed between the HSE and the academic sector to facilitate and expedite collaboration and partnership between the two sectors, such as model agreements for the commissioning of research services, research collaborations, academically sponsored clinical trials, data sharing and material transfers.

Support the development and establishment of joint clinical–academic career pathways nationally for clinicians, nurses, midwives and HSCPs, oral health and pharmacy professionals - including joint posts with agreed FTE splits, jointly supported roles with protected time and secondments and streamlined HR processes between the HSE and universities.

Establish mechanisms to co plan and co manage key research infrastructure with academic partners, and when appropriate, ensuring shared governance of biobanks, registries, digital research platforms and trial delivery capacity, to maximise value and avoid duplication.

Strengthen collaboration between the academic and healthcare sectors by implementing the operational conditions required to enable healthcare staff to work effectively with academic researchers, embedding co production structures, streamlining governance and data access pathways, and developing shared support hubs alongside enhanced processes for knowledge translation.

ENABLER 3
A Cohesive National Research Ecosystem

Objective

To build a national collaboration ecosystem that enhances Ireland's international competitive for for external funding, streamlines governance, and accelerates the translation of evidence in policy and practice for the benefit of patients and service users.

Strategic Rationale

A cohesive, patient centred national health research environment requires a strong, system wide model of collaboration, with the HSE at its core. Given the complexity of Ireland's health and social care structures, the HSE must strengthen collaboration internally across divisions, regions, section 38/39 and primary care providers, and externally with national agencies, regulators, funders, industry, universities and patient organisations. As the central integrator, the HSE can align partners into a trusted national research ecosystem that reduces duplication, streamlines governance, attracts investment and accelerates the use of evidence in policy and practice—delivering tangible benefits for patients, service users and society.

Progress to Date

The development of HSE national research frameworks, policies and standard operating procedures has to date benefited from a highly collaborative model of key healthcare stakeholders and national regulatory and governance bodies to ensure coherent, implementable and sector-wide consensus. However a lot remains to be done internally to create a collaborative research environment among healthcare providers.

ENABLER 3
A Cohesive National Research Ecosystem

PRIORITIES:

Strengthen collaboration and create research supportive culture within the HSE across national divisions and Health Regions to align planning, strategy, governance and operational processes. Moreover, cross-divisional collaboration (Finance, HR, Digital, Data, Clinical, Legal, Quality and Patient Engagement) is essential at national and regional level to create consistent national and regional implementable approaches for funding management, workforce planning, digital enablement, research governance, knowledge translation and quality improvement.

Strengthen collaboration with national regulatory and governance bodies. Integrated collaboration with NREC, HRCDC, HPRA, the Data Protection Commissioner and the State Claims Agency is required to ensure predictable, transparent and harmonised national research oversight.

Strengthen collaboration with the Department of Health. Closer alignment will support evidence-informed policy, accelerate the use of research findings in national strategies, and help identify legislative gaps needed to mature Ireland's research and data governance landscape.

Strengthen collaboration among health service providers. Partnerships between the HSE, Section 38/39 organisations, private hospitals and primary care providers are needed to create consistent governance flows, aligned contracting and data-access pathways, and to support research across community and acute settings and enhance capability for research in integrated and primary care settings.

Strengthen collaboration with national funders. Aligned investment strategies and joint planning will strengthen competitiveness, enable coordinated infrastructure planning and ensure research funding is directed to areas of greatest system need.

Strengthen collaboration with commercial sponsors and CROs. Standardised national pathways for industry partnerships, trials and innovation projects will improve predictability and ensure benefits are distributed across all regions, while keeping the patient at the centre of the research process.

Deepen collaboration with patient, public and community organisations. Embedding PPI consistently into regional and national structures will ensure research priorities and study designs reflect public needs and rights.

Conclusions and next steps

This Strategic Framework builds on the HSE Action Plan for Health Research 2019-2029 and sets out a clear, system level direction for embedding research as a core and valued function of Ireland's Public Health Service. It recognises that high impact health research does not happen on the margins of care delivery, but depends on strong leadership, coherent governance, sustainable investment, enabled partnerships and a workforce supported to apply and generate evidence as part of routine practice.

The Framework is intentionally ambitious but pragmatic. It does not assume that a fully mature research system will be achieved immediately. Instead, it defines the overall strategic ambition over the next ten years and aspires to have established a minimum viable, safe and consistently operational research capability across all Health Regions by 2030, providing the foundation for sustained maturity beyond that point.

Delivery of this ambition will require disciplined prioritisation, strong central stewardship and clear accountability at national and regional level. The five strategic pillars and three cross cutting enablers provide a coherent structure to guide investment, reform and performance management, while ensuring that research activity is firmly aligned with patient need, service improvement and public value.

The implementation phase will require the development of a time bound implementation plan, clear ownership for each priority, sequencing of actions, and identification of enabling investments required to establish the minimum viable system by 2030. Progress will be monitored through defined checkpoints and reported through existing governance structures to ensure transparency, assurance and sustained momentum.

By setting a clear strategic direction now, the HSE aims to position itself as a key partner and integrator within Ireland's national health research ecosystem to maximise the return on public investment, strengthening international competitiveness and, most importantly, ensuring that research consistently contributes to better outcomes for patients, service users and communities.

HSE RESEARCH SYSTEM MATURITY MODEL

A phased journey from foundational safety to a research-enabled learning health system

Initial key objective - getting the foundational Core Assurance & Governance in place within existing resource capability

Highest Maturity

Foundational Maturity

	Strategic Aim	Key Components	Organisational Outcome
Integrated Learning Health System	**Fully embed research, evidence generation and continuous learning into healthcare delivery and system decision-making**	• Research embedded into care delivery • Advanced data-enabled service improvement • AI-supported system learning • Strong implementation science capability • Internationally competitive clinical trial infrastructure • Evidence routinely driving policy and operational decisions	• Continuous learning health system • Evidence-driven policy & operational improvement • International research competitiveness • Better patient, workforce and system outcomes
Strategic Research Capability	**Build sustainable organisational research capability and transition the HSE from passive research host to active research system leader**	• Workforce pathways • Protected research time • Cost recovery • Research commissioning • Integrated data use • Stronger partnership with academia and funders	• Sustainable research infrastructure • Stronger workforce engagement • Improved financial sustainability • Greater strategic influence over research priorities
National Consistency & Equity	**Create a genuinely national and equitable research system by reducing fragmentation, duplication and regional variation**	• Reducing duplication • Improving consistency • Standardising governance pathways • Reducing the “postcode lottery” for research including clinical trial access	• More equitable patient access • Greater national consistency • Reduced operational duplication • Stronger system coherence
Core Assurance & Governance	**Establish the minimum safe national operating model for research, ensuring research activity is legally compliant, ethically governed and consistently overseen**	• Research ethics • Governance • Legal compliance • Indemnity • Data protection • Host site approvals • Accountability • Operational oversight	• Reduced legal & reputational risk • Consistent patient protections • Safe and compliant research activity • HSE research investment can be governed and optimised effectively

Appendices

1. ETRI Research Working Group Membership

Name	Position	Representing
Ana Terrés	Assistant National Director	HSE Research & Evidence
Maria Quinlan	General Manager	HSE Research & Development
Martina Hennessy	Chief Academic Officer	HSE Dublin Midlands
Tim Lynch	Chief Academic Officer	HSE Dublin & South East
Margaret O'Connor	Deputy Regional Clinical Director – Education and Research	HSE Midwest
John Laffey	Chief Academic Officer	HSE West & North West
Glen Doherty	Regional Director of Research	HSE Dublin & South East
Denis O'Mahony	Regional Director of Research	HSE South West
Declan Lyons	Regional Director of Research	HSE Midwest
Martin Duignan	Director of Nursing	HSE Dublin Midlands
Anne Gallen	Area Director	Office of the Nursing and Midwifery Services Director
Eamon Dolan	Regional Clinical Director	HSE North East
Carmel Geoghegan	PPI Representative	PPI Representative
John O'Neill	Director	Department of Health, Research & Innovation Unit
Avril Kennan	CEO	Health Research Charity Ireland

Some members joined the Working Group at a later stage, or will formally participate from the beginning of Phase 2, following appointments made during the course of the group's work. This includes Louise Hendrick as HSE Public Health representative, Fiona Melia as a HSE Health and Social Care Professions representative, and Niall Conlon and Donal Reddan following their appointments as Regional Directors of Research. These members joined during the latter stages of Phase 1 and will participate from the outset of Phase 2.

Where appropriate, the group also sought external advisory input and consultation to provide additional subject matter expertise and inform the deliberations of the Working Group. This included engagement with relevant stakeholders across the health service, research, and academia.

Appendices

2. Glossary of Terms

AI	Artificial Intelligence
CPD	Continuing Professional Development
CRF	Clinical Research Facility
CRO	Contract Research Organisation
DPIA	Data Protection Impact Assessment
EHR	Electronic Health Record
ETRI	Education, Training, Research and Innovation
EU	European Union
FTE	Full-Time Equivalent
GP	General Practitioner
HRCI	Health Research Charities Ireland
HR	Human Resources
HRB	Health Research Board
HRCDC	Health Research Consent Declaration Committee
HPRA	Health Products Regulatory Authority
HSE	Health Service Executive
HSCP	Health and Social Care Professions
IT	Information Technology
KPI	Key Performance Indicator
NERMS	National Electronic Research Management System
NREC	National Research Ethics Committee
PPI	Public and Patient Involvement
PSUE	Patient and Service User Engagement
R&D	Research and Development
REC	Research Ethics Committee
RDoR	Regional Director of Research
RGMS	Research Governance, Management and Support
RRO	Regional Research Office
SOP	Standard Operating Procedure
VAT	Value Added Tax