

An Roinn Sláinte
Department of Health
Secretary General



Ms Sarah Cremin
Committee Secretariat
Committee of Public Accounts

By email: PAC@oireachtas.ie

29 August 2022

Dear Ms Cremin,

I refer to your letter of 17 May 2022 regarding the meeting of the Committee of Public Accounts of 28 April 2022 and the matters raised therein regarding the proposed appointment of the former Chief Medical Officer to a role in Trinity College Dublin. I regret the delay in responding to this correspondence.

The matters raised in the letter and the questions raised by the Committee are the subject of a review commissioned by the Minister for Health which has not yet been finalised. However, in order to assist the Committee, I am attaching a copy of the report I prepared on the matter for the Minister for Health.

I trust this will be of assistance to the Committee.

Yours sincerely,

Robert Watt
Secretary General

BRIEFING NOTE - Into the proposed secondment of Dr Tony Holohan (CMO)

Introduction

1. This material below is based on relevant notes, recollections, and discussions with relevant colleagues. Given the limited time in which I was asked to prepare this briefing note it is by no means exhaustive nor does it purport to examine every detail. However, I am confident that it is an accurate account of the motivation and process behind this proposed initiative.
2. The discussions on these matters took place, as you are aware, during a period of intense pressure and challenge in the Department of Health. Ex-post assessment and evaluation of decisions taken needs to take account of this reality.

Background to Proposal

3. The Covid-19 pandemic has demonstrated the strong link between people's health, the capacity of our health and social care system and the economy. Although it is well understood that we need a strong economy to pay for public services, including our health and social care system, the reality of living through a global pandemic delivered a stark reminder that a healthy population and a high-performing health and social care system are also essential for a functioning economy. The pandemic has cost the Irish Exchequer circa €40 billion, involved enormous economic and social costs and led to excess deaths and illness.
4. The Department of Health has sought to ensure that the lessons learned over the last two years are retained in our system and applied to the development of the next generation of thinking and practice in public health and the factors that influence it. Decisions on funding allocations, and the level of resources both in terms of skilled expertise and resources, are made having regard to the costs set out in the previous paragraph.
5. The nature of recent and ongoing global events including conflict, climate change, migration and the recent pandemic have impacted on almost every aspect of our lives: from how we interact and socialise, to how we work, to how we learn, to how we consume, and more. These impacts reveal lessons for many facets of our world, including lessons for public policy and necessitate strong interdisciplinary strategic and leadership qualities.
6. In addressing each population health challenge, the public health sector has played a multifaceted and interdisciplinary role, from surveilling the causes and consequences of disease (e.g., Notifiable Diseases Surveillance), to convening stakeholders across sectors to develop coordinated solutions (e.g., collaborations with housing authorities), to informing policymakers and the public about best practices (e.g., resources to promote tobacco cessation).
7. Over the last two years, through the work of the HSE, the public health workforce has doubled in size in order to better meet the needs of future health threats.
8. The third level sector will play a key role in providing thought leadership, critical analysis, research as well as the development of knowledge and skills to better support public health leadership, policy making and public health practice in to the future.
9. Every advance in health or healthcare depends on high-quality research. The well-being of our society depends, to a significant degree, on the quality of our health research system. International evidence clearly shows that the countries which perform best in the face of major health challenges are those that invest in research, value access to reliable, timely data and base their decisions on robust evidence. As the lead funding agency for health research in Ireland, the Health Research Board (HRB), through the Department of Health,

- currently invests almost €50 million in health research each year to help ensure the Irish health research system is well positioned to inform better health and care. (see Note 1)
10. State agencies including Science Foundation Ireland (SFI) and the Health Research Board (HRB) have already invested significantly in Covid-19-relevant research. Among other projects, the HRB is providing €2m to the National Covid-19 BioRepository (NICB) led by Prof Colm Bergin of TCD and Prof Paddy Mallon of UCD. SFI has invested in the SFI TCD Covid-19 research hub led by Prof Kingston Mills, director of Trinity Biomedical Sciences Institute (TBSI) and Prof Aideen Long, director of Trinity Translational Medicine Institute (TTMI) at Trinity College Dublin.
 11. The Covid-19 Data Research Hub is another good example of the benefits of public sector innovation and of the value of connecting public sector agencies with academia. The COVID-19 Data Research Hub provides a mechanism to facilitate the compilation of relevant COVID-19 data in a format that is controlled, accessible and usable for approved researchers. It provides access to individual level administrative COVID-19 datasets for registered researchers to support statistical analyses via the CSO Researcher Microdata Files (RMF) process.
 12. Governments across the world and international organisations are investing in health capacity building, including pandemic preparedness. For example, the EU's health programme for 2021-2027, has a budget of €5.3 billion available to improve and foster health in the EU.
 13. Amongst our priorities is ongoing thinking in the Department of Health in finding new, different and innovative ways to refocus and strengthen Public Health capacity. A clear component of this is to develop leadership capacity in Public Health as, while we've fared well in terms of response, we still need to strengthen and prepare in the event of future pandemics.
 14. The Minister of Health has established a Public Health Reform Expert Advisory Group under the chairpersonship of Professor Hugh Brady. The Group will in the first instance,
 - Identify key learnings from the public health response to the COVID-19 pandemic in Ireland with a view towards strengthening health protection generally and future pandemic preparedness specifically.
 - Identify lessons from international best practice regarding reform and strengthening of public health functions.

The Group will then,

- examine the key components of the existing delivery model(s) for public health in Ireland;
- recommend an appropriate operating model to develop and oversee the delivery of Public Health in Ireland such that future corporate, clinical and information governance (including data science and innovation), legislative, human resource, public health communications, whole-of-government and cross-agency arrangements are such as to ensure the optimum:
 - a. prevention and control of infectious diseases and other health threats;
 - b. alignment of core public health functions, including the promotion of health and wellbeing, population health research and health intelligence, and health service improvement;

- c. alignment across local and national Government and across public and third sectors such that every individual and sector of society can play their part in achieving a healthy Ireland;
 - d. participation of Ireland in the future development and strengthening of a European Health Union.
15. The Memorandum to Government establishing the Public Health Reform Expert Steering Group referred to the *The Programme for Government – Our Shared Future* which acknowledges that “the public health system responded well and played an essential role in reducing the initial impact of the pandemic but recognises that more work needs to be done in particular: *As an immediate first step, we will examine international public health models, learning from best practice and reshape our public health system to ensure an agile and well-planned response to future epidemics.*”
16. The Memo (S180/20/10/2656) further noted in the Government’s *Covid-19 Path Ahead Plan*, the establishment of a strengthened and reformed consultant-led future model for public health in Ireland is a priority. In light of:
- the recent agreement with the Irish Medical Organisation on the development of a reformed, consultant led model for public health in Ireland;
 - a commitment to continuously learn, evolve, and prepare for future infectious disease and other health threats; and
 - a commitment to ensure that protecting and improving the *health* of people and their communities is central to the recovery process from COVID-19.

Trinity College Dublin

17. In this context the Department has already made a clear investment in policy and research funding and engaged with Trinity College Dublin and other universities about how we could work collaboratively to address these issues over the next number of years.
18. The objective is to enable the university sector to make a leading contribution to strengthening the knowledge and practice of public health leadership in its application to public health protection, better informing policy making, understanding the role of public communications and behaviour change and research of relevance to these domains.
19. It is envisaged that this collaboration would include University Departments of Public Health, the Department of Health and the HSE and others as appropriate to support research and its translation into practice, policy analysis and capacity building in respect of health protection, public health communications and behaviour change, public health leadership, public education and information and other aspects of the response to major public health threats including future pandemics. It will also be very important to use every opportunity to deepen relationships and collaborations with the WHO, and with HERA and the various agencies of the EU.
20. In that context, in February of 2022 the CMO entered into detailed discussions with the third level sector to discuss how this agenda could be progressed. This followed on from initial discussions I had with the CMO in August 2021 regarding his future works plans. This involved the Secretary to the Government and myself as Secretary General of the Department of Health. The CMO indicated that he wished to consider his future options including potential academic and international roles. As you are aware, the CMO has an

outstanding record of public service on behalf of the Irish State. Both the Secretary to the Government and I indicated our strong support to facilitate and help where possible. The understanding was that this would involve a public policy development role outside of the Department of Health.

21. During the period from August 2021 and February 2022 these discussions were paused due to the outbreak of the Delta and then the Omicron variant. Combatting variants of concern involved all our efforts in the Department, and in particular the CMO, in advising and implementing the Government's response. The CMO indicated that he no intention of discussing leaving his role while we were addressing such a significant new threat to the health and well being of our citizens. In addition, the CMO and I were conscious of the need to keep any discussions confidential because of our concerns that inadvertent disclosures would distract from our response to the emerging situation. This concern about confidentiality, and the fact that these are personal HR matters, influenced the extent to which these discussions were limited to a small number of officials.
22. But in February of 2022, as outlined above, the CMO initiated more detailed engagements with the third level sector with a view to strengthening the knowledge and practice of public health leadership. Over the course of that engagement, and in the interest of furthering the aim of developing the role of the third level sector in this field, the proposal for a Professorship emerged. Dr Holohan had indicated to the University leaders that he was considering moving on from the role of CMO but also his willingness and desire to move on to a new challenge with his preference to remain in public service, and in particular in the development of proposals to strengthen public health.
23. In this role the Department's intention was for Dr Holohan to lead the development and activities of inter-institutional collaboration between universities and the health sector and to develop stronger links with the WHO and agencies of the EU. Any agreement would facilitate Dr Holohan to pursue a visiting Professorship with University College Dublin to underpin the envisaged collaboration between universities.
24. The detail on how the appointment could be progressed was discussed between Dr Holohan and Trinity College and a proposal for a secondment arrangement was identified by Dr Holohan as his preferred approach.
25. On February 25th the CMO formally sought support for a secondment to TCD. He indicated that he had informed the Secretary to the Government of this request. In early March, the Secretary to the Government spoke to me and I confirmed that I was working on the details of this arrangement, including the proposed research funding element. I was aware that the Government had recently endorsed open ended secondment arrangements to the university sector for senior civil servants. Given his long and distinguished service, and the crucial knowledge and ability he brought to bear in the pandemic, I felt it was equally important that Dr Holohan's expertise be retained and utilised in the public sector.
26. Further discussions took place, and the Department issued a letter of intent to Trinity College on 16th March which set out the main draft details of the proposals, with further detail on secondment arrangements etc. to be agreed between the relevant HR Departments of Trinity College and the Department of Health. The Department considered that the funding of Dr Holohan's post was something that needed to be worked out, but that the Department of Health in progressing this important initiative would fund the role as part of a commitment to support research in this area. It was not explicitly stated but it was envisaged that this would involve competitive funding organised appropriately. The letter of intent therefore provided for Dr Holohan's salary to be paid as part of a wider fund which it was envisaged could be administered by the Health Research Board, with details to be agreed between all three parties. It was never envisaged that this salary would be paid directly on the Vote of the Department of Health.

27. I viewed the letter of intent as a 'backstop' which provided a level of comfort to both Trinity College and Dr Holohan that the Department would ensure the proposal was funded, despite the details at that point not being worked through. TCD had been very clear that they were not in a position to fund the post, notwithstanding their enthusiastic support for it. In order to ensure agreement in principle it was incumbent on the Department to underwrite the proposal for now, subject to further discussions on the details between March 22nd and July 1st. It is noted in the letter of intent that I would appoint an officer of the Department of Health to work on details such that a final agreement is signed prior to 31 March 2022.
28. I was fully aware, that while the Memorandum to Government referred to above gave the Department the policy imperative to progress this matter, any funding of research in this regard by the Department would have to form part of the normal Estimates process in due course.
29. The Provost of Trinity signed her acceptance of the proposal in the letter of intent on 22nd March last with a view to Dr Holohan commencing his new role on 1st July 2022, subject to the settlement of the details.
30. I understand that Dr Holohan signed an agreement with Trinity College, but apart from the letter of intent, a formal detailed secondment agreement between the Department and Trinity College has not yet been signed. It was understood that details would need to be worked out.

Appointment of Dr Holohan to role in TCD

31. The appointment of Dr Holohan to TCD of course is not a matter for the Department of Health. I understand that Trinity College conducted its own due diligence in terms of an interview process for the appointment.

Secondment from Department of Health

32. In seeking to take up this post Dr Holohan simply desired to preserve his existing terms and conditions and it was felt that this could be best initially achieved by means of a secondment which would be in line with the principles of the Guidelines on Secondment in the Civil Service. Dr Holohan was himself anxious not to make it a time limited secondment given his wish, which was shared by the Department, that his successor as Chief Medical Officer would not be in any sense constrained by any impression that his/her appointment was temporary or conditional upon the return of Dr Holohan.
33. Secondments are a common feature across the civil and public service. The secondment policy for the civil service provides for how secondments within the civil service itself are to be managed, but in addition, there is a long-standing practice of secondments between the Department and a range of bodies in the public sector, in particular where specific expertise is required.
34. As of 6 April 2022, the Department has 12 of its own employees seconded out to other Government Departments or bodies under the aegis of Government Departments, including staff seconded to the Department of An Taoiseach and the Department of Foreign Affairs and based in Northern Ireland and Brussels. The duration of these secondments to other organisations varies in general between one year and five years, but some will be subject to extension depending on the agreement made at the time the secondment commenced and some would be open ended.

35. As of 6 April 2022 there are 52 people working with the Department on a secondment basis. The duration of these secondments varies depending on the purpose for which the individual was assigned, and some are long-standing open-ended arrangements within the health sector where the individual's expertise is required on a longer-term basis. These secondees include:
- a range of people with medical, nursing, dental, pharmacy and other clinical or broader health sector expertise and experience from the HSE and other health sector bodies;
 - civil and public servants from other Departments or agencies seconded in to assist the Department in the context of the Covid-19 pandemic;
 - legal experts from the Office of the Attorney General;
 - statisticians from the Central Statistics Office;
 - staff assigned to functions under its aegis including the Farrelly Commission of Investigation, the Cervical Check Tribunal and the Hepatitis C and HIV Compensation Tribunal; and;
 - a small number of clerical staff providing support to Ministers of State in their own constituency offices outside of Dublin.
36. Where civil servants are seconded between Departments, administrative arrangements are usually made whereby the individual transfers to the payroll of the host Department or body. In terms of health sector secondments, the Department usually recoups the salary costs to the parent organisation.
37. In a small number of cases, there are individuals seconded to the Department without recoupment to their parent organisation, where the aim of the secondment is to further a policy or objective based on a partnership between the parent organisation and the Department and there is a requirement for the individual to work closely with the Department's own team to progress that policy effectively.
38. The duration of these secondments varies depending on the purpose for which the individual was assigned, and some are long-standing arrangements where the individual's expertise has been required on a longer-term basis and has therefore been extended. Examples include the Head of Statistics in the Department who is seconded from the CSO since 2015; the role of the former Chief Nurse, who was seconded on a long-term basis from the HSE; the Department's Chief Dental Officer, who has been seconded from the HSE since 2013 and other health officials who due to their experience in the management of the health sector have brought important expertise to the Department which has been of particular benefit.
39. Hence, there are many precedents for different types of secondment arrangements both in terms of the duration and the payment/recoupment of salaries. There was nothing unusual or exceptional about the potential arrangements in respect of Dr Holohan which are consistent with policy and previous precedents. In the health sector in particular many and varied approaches are taken to teaching positions in the third level sector which are filled by clinical leaders. In addition, and as discussed earlier, these matters were yet to be finalised and the proposal would not have involved direct payment from the Department of Health Vote.

Other Matters

40. It has been suggested that the Minister for Health was not informed about the proposed move by the CMO to the university sector. This is not accurate as confirmed by the Minister in an interview last week. The Minister was told several days before the announcement on Friday March 25th that the CMO was moving on to the third level sector. The Minister was informed of this move and supported the move.
41. The CMO is a member of the Management Board of the Department and is above the grade of Principal Office. Therefore, in keeping with the relevant Act the Minister was informed.
42. The Minister was not informed about the precise details of the secondment arrangement. As discussed above, there is nothing unusual about these proposed arrangements as there are many forms of such arrangements regarding both duration and approach to recoupment. Moreover, there was no proposed change in the CMO's conditions of employment and, as outlined above, the precise details had not yet been finalised and were to be the subject of further discussions with Trinity College and the Health Research Board.
43. Administration of Government Departments are undertaken by Secretaries General in line with the Public Service Management Act 1997 which stipulates that the administration of Government Departments is a matter for Secretaries General. This practice of delegated authority is normal and accepted as such in all Government Departments. Given the division of responsibilities set out in legislation I believe the Minister was kept appropriately informed.
44. It also has been suggested that the Taoiseach and other members of the Government were "kept in the dark". The Secretary to the Government was aware of the proposed secondment move (but not of course the precise details) and I understood that the fact of discussions regarding the CMO's future plans were known in the Department of An Taoiseach. I assumed that key decision-makers were aware of the proposal but of course not the precise details. Indeed, the Secretary to the Government received confirmation from the CMO in late February that a secondment arrangement was being sought. In early March the Secretary to the Government spoke to me and asked me to confirm that I was working on the details. I confirmed yes. I inferred from this that this had political support in Government Buildings.

Conclusion

45. The objective of this proposal was to enable the university sector to make a leading contribution to strengthening the knowledge and practice of public health leadership.
46. The Department's intention was for Dr Holohan to lead the development and activities of inter-institutional collaboration between universities and the health sector and to develop stronger links with the WHO and agencies of the EU.
47. Dr Holohan advocated a secondment arrangement and the Department of Health supported this. There are many precedents for different type of secondment arrangements both in terms of the duration and the payment/recoupment of salaries. There was nothing unusual or exceptional about the potential arrangements in this case which are fully consistent with policy and precedents.
48. As part of these proposed arrangements, the Department considered that the funding of Dr Holohan's post was something that needed to be worked out, but that the Department

would support the development of this innovative approach to progressing an important initiative through dedicated additional research funding.

49. It was not explicitly stated but was envisaged that this would involve competitive funding organised appropriately. The letter of intent therefore provided for Dr Holohan's salary to be paid as part of a wider fund which it was envisaged could be administered by the Health Research Board, with details to be agreed between all three parties.
50. It was never envisaged that this salary would be paid directly on the Vote of the Department of Health.
51. I was fully aware, that while the Programme for Government and the Government Decision of July 27th, 2021, referred to above, gave the Department the policy imperative to progress this matter, any funding of research in this regard by the Department would have to form part of the normal Estimates process in due course.
52. Elements of this were not communicated well and there are learnings for the Department of Health in this respect. On Wednesday, 23rd March, it became apparent from media queries to the Department that Dr Holohan's move to TCD had become known to at least one journalist. At this stage Dr Holohan's appointment was yet to be approved by Trinity's Academic Council. Approval from Academic Council was received on the afternoon of Friday, 25th of March. Also, that afternoon the Department became aware that news of Dr Holohan's new role was about to be put in the public domain within minutes. The source of the story was unknown to the Department.
Considering an impending article on the topic, the Department decided to issue a press release in the public interest, to ensure that as much accurate information as possible was in the public domain.
53. That announcement on March 25th made no mention of the secondment, as these details were to be the subject of further deliberations between the parties. In retrospect this allowed inferences to be drawn which are inaccurate.
54. The Department has made no effort to conceal the proposed secondment, as some commentators have alleged. Indeed, the matter became known publicly through the provision of information by TCD to the media. On Tuesday, 29th March, TCD press office advised that they had received a media query as to the funding of Dr Holohan's post. The Department supplied TCD Press Office with information regarding the proposed funding of the role via secondment along with further information on the terms and conditions of the role, to be shared with media. The Department's Press Office confirmed the TCD statement when approached by journalists.
55. I am satisfied that this policy approach and process were appropriate in the circumstances. Moreover, all those involved entered discussions in good faith with the objective of advancing a clear public policy goal. This is most notably the case regarding Trinity College and the CMO.
56. Finally, it is disappointing that some commentary alleges erroneously that I failed to keep the Minister appropriately informed. The Minister was informed of the proposal for Dr Holohan to take up a Professorship at TCD in advance of the announcement and was supportive. Indeed, the Minister has made that clear publicly. The Minister was not involved in the specific terms of the arrangements. This is, I believe, appropriate given the division of responsibilities, legislative provisions, custom and practice and normal administrative arrangements.



11th April 2022

Note 1

Health Research Board

Every advance in health or healthcare depends on high-quality research. The well-being of our society depends, to a significant degree, on the quality of our health research system. International evidence clearly shows that the countries which perform best in the face of major health challenges are those that invest in research, value access to reliable, timely data and base their decisions on robust evidence. As the lead funding agency for health research in Ireland, the Health Research Board (HRB) currently invests almost €50 million in health research each year to help ensure the Irish health research system is well positioned to inform better health and care.

Department of Health core and capital funding of HRB: 2018-2022

	2022 (€)	2021 (€)	2020 (€)	2019 (€)	2018 (€)
Core	35,854,000	34,954,000	34,404,000	33,014,000	33,014,000
Capital	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000
Non-core	10,316,000	7,257,386	1,900,000	2,387,000	2,556,000
Total	56,170,000	52,211,386	46,304,000	45,401,000	45,570,000

HRB STRATEGIC OBJECTIVES**1: Invest in research that delivers value for health, the health system, society and the economy**

- Collaborated with the Department of health to secure funding to support Ireland's participation in the WHO Solidarity trial for Covid-19, WHO Solidarity Plus, EU-SolidACT and EU-RECOVERY.
- Awarded a contract for the establishment of a National Covid-19 Biobank in response to the Government's Recovery and Resilience Plan, with a detailed monitoring plan and a review scheduled at 18 months.
- Collaborated with the Department of Health, the CSO and the HSE to develop and launch a mechanism where researchers can apply to access data in the COVID-19 Data Research Hub; Established and supported a Research Data Governance Board (RDGB) for the Hub to consider access requests and re-convened the project partners as an Oversight Group to discuss the inclusion of new datasets and other opportunities.
- Awarded and contracted 12 new Definitive Trial and Intervention Studies from the 2020 call
- Launched calls for the HRB's largest project grant scheme (Investigator-Led Projects) and a new Joint Funding Call with the Health Research Charities Ireland.
- Made an award to establish a PPI Ignite Network to support the participation of the public and patients in health research, trained the largest cohort of public reviewers to date (n=132) and expanded the integration of public review into the HRB assessment processes.
- Published a report on the 'Outputs, outcomes and some impacts of HRB awards that completed in 2018 and 2019

2 : Be an independent and credible voice for research and evidence, and a trusted thought leader

- Collaborated with the HSC RDO in Northern Ireland to support a new award to Evidence Synthesis Ireland.
- Collaborated with the HSE to scope and launch a co-funded call on Infodemic Management, aligned with WHO research priorities.
- At the request of the Minister for Health, engaged with the Chair of the Expert Group on Rapid Testing to scope and finalise a bundle of research and evidence synthesis supports to inform the work of the Group.
- Developed a three-year communications strategy to position HRB as a trusted, objective source for evidence to inform policy and influence behaviour and delivered year one actions of communications strategy.
- Hosted HRB Grant Holders and Ones to watch conferences online to collaborate with our research community and help build a network of champions keen to support HRB messaging

3 : Promote and enable the use of data to shape health policy, enhance healthcare delivery, and drive broader research and innovation initiatives

- Collaborated with DoH and HSE in a European initiative - Population Health Information Research Infrastructure (PHIRI), aimed at developing a sustainable infrastructure for information sharing across borders; during 2021 there was an intense focus on regular meetings to identify gaps and priorities and to support rapid policy responses for Covid-19 in member states.
- Partnered with the Department of Health in the Joint Action-Towards European Health Data Space (TEHDAS) project. This high-profile project aims to deliver on the European Data Strategy (2020) intent to facilitate the secure but free flow of data within countries and across borders for better healthcare, better policymaking and better research and innovation. A key focus in 2021 was on governance and legislation for secondary use of data, including an assessment of GDPR interpretation across member states and detailed analysis and recommendations to the EU to inform the planned EU Data Governance Act in 2022. The HRB also participated on working groups on infrastructure, interoperability, data quality, capacity building and citizen engagement.
- In parallel to the TEHDAS activities, the HRB had advanced discussions with the Department about the need for and scope of primary legislation in Ireland to support data collection, sharing, linking and re-use, including but not limited to R&I.
- Convened a number of meetings with the applicant team for the DASSL proof-of-concept award to clarify priorities, to raise awareness of national and EU developments and to agree a series of Use Cases for the next phase of the project.
- Funded 10 Secondary Data Analysis Projects.
- Co-chaired the National Open Research Forum (NORF) with the HEA

4 : Build a strong and supportive environment for health research in Ireland

- Following two years of detailed discussions and planning, 2021 culminated in final recommendations and contracts being issued for the next phase of HRB investment in clinical research infrastructure, namely:
 - 5 Clinical Research Facility/Centres
 - 6 Clinical Trial Networks
 - A National Cancer Clinical Trials Network and 5 Cancer Trials Groups and
 - A National Clinical Trials Office
 - A new programme of work for the HRB Trials Methodology Research Network (HRB-TMRN)
- Linked to the above, the HRB worked with the Standing Advisory Group and the Board to agree a core suite of performance metrics to monitor clinical trials activity and revised monitoring procedures and metrics for monitoring trials-related infrastructure awards
 - Partnered with key stakeholders, including the HPRA and the DoH, to implement the roadmap transforming the current ‘recognised’ Research Ethics Committee system to a National Research Ethics Committee system.
 - Launched and operationalised two NRECs in Clinical Trials of Investigational Medicinal Products (NREC-CT), incorporating a national joint pilot of coordinated ethics and regulatory review with the HPRA to prepare the environment in time for the EU CTR in January 2022.
 - Launched and operationalised an NREC in Clinical Investigations of Medical Devices (NREC-MD) to ensure national readiness for the EU Medical Device Regulation from May 2021.
 - Chaired a Collaboration Framework Working Group of the National Research Integrity Forum and developed guidelines for ensuring research integrity in collaboration agreements.

5 : Foster and enhance European and international coordination, collaboration and engagement

- Represented HRB on the Management boards of JPI AMR, JPI HDHL, JPND, and EU THCS Partnership.
- Contributed to the development of the EU Partnership on Transforming Health and Care Systems (THCS) including engagement with the DoH to put a national mechanism in place to optimise the involvement of key health decision makers.
- Represented Ireland’s interests as National Delegate in the Horizon Europe Health Cluster Programme Committee, and worked bilaterally with National Delegates from other Member States to develop Health within the wider Horizon Europe research agenda.
- Supported 55 researchers and teams to participate in the first calls for Horizon Europe.

- Served as the National Focal Point to support the DoH in the implementation of the new expanded EU4Health programme including development of the 2022 annual work programmes and participation of DoH units in Joint actions.
- Delivered a virtual HRB event on the details and opportunities within the EU4Health programme.
- Launched and managed calls for
 - the ERANet AMR-ACTION (interventions to reduce development/transmission of AMR)
 - the ERANet ERANeuron (neurodegenerative disease in children and adolescents)
 - the ERANetTransCan (next generation cancer immunotherapy)
 - the JPI HDHL Biomarker Call 2021 (monitoring food intake, physical activity and health)