Unit: Health Research Institute

Head of Unit: Alan Donnelly
(*responsible for QIP implementation*)

1. Date on which QIP received from QSU: February 25th, 2022

2. Date on which unit met to discuss and ratify the QIP: April 22nd, 2022

3. Date on which interim self-assessment of progress on level 1 recommendations (sections 5 and 6 in table) was returned to QSU: April 22nd 2022

4. Date on which QIP progress was presented to the Quality Committee: January 4th, 2023

5. Date on which implementation review meeting with DQ, VPR and Dean of Education and Health Sciences was held: 26th February 2024

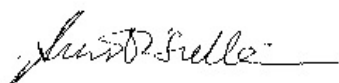Summary status of recommendation implementation:

QIP implementation summary report

Rec no. (level)	Recommendation	Closed	Open	Commentary
1 (1)	Work with the University to ensure long-term core funding support, perhaps in the context of the development of a unified funding model for UL's research institutes.	Closed		
2 (1)	Review the research focus of the HRI and ensure alignment with the UN sustainable development goals (SDGs) and with the research priorities of relevant stakeholders in the University.	Closed		
3 (1)	Implement a new HRI membership structure and, inter alia, consider a)According full membership status to research fellows, postdoctoral researchers and research collaborators in the ULHG and MWCHO.b)Removing the requirement for members	Closed		

	to hold permanent, full-time contracts with UL.			
4 (1)	Review and clarify the relative functions and terms of reference for the HRI and the Health Sciences Academy (HSA), and optimise governance arrangements to promote collaboration.	Closed		**Escalate to UL QIP Dean & VPR** This matter will be addressed pending agreement of the MOU between UL and the new Regional Health Authority
5 (1)	Work with the University to strengthen the HRI's role in faculty appointment strategy and decision making, including creating more joint appointments between UL and the Health Service Executive (HSE) in line with HRI research priorities.	Closed		**Escalate to UL QIP Dean & VPR** This matter will be progressed through UL strategic and workforce planning and pending agreement of the MOU between UL and the new Regional Health Authority
6 (1)	Pursue plans and funding opportunities to build a shared facility for core HRI staff, for some research groups/clusters and for HRI shared resources and activities.		Open	**Escalate to UL QIP** Plans made in 2018 to be reviewed in the current context and forwarded to the VPR.
7 (1)	Seek to reposition and reconfigure the Clinical Research Support Unit (CRSU) as a shared resource for the HRI, the ULHG and the MWCHO.		Open	**Escalate to UL QIP** Meeting with Deputy Head of CRSU, VPR and Dean to be scheduled to work through plans. Final configuration is dependent on agreement of MOU between UL and the new Regional Health Authority.
8 (1)	Reconsider performance metrics for documenting members' output, increasing the emphasis on actual impact on health in addition to traditional	Closed		None. Work regarding this recommendation is regarded as an ongoing strand of our strategic implementation plan, so is business as normal.

	academic metrics such as journal impact factors.			
1 (2)	Include representatives of the UL School of Medicine, the ULHG, the MWCHO and the HSA in the ongoing process to finalise the HRI Strategic Plan.	Closed		
2 (2)	Expand membership of the HRI Executive to include representation of the ULHG, the MWCHO and the UL School of Medicine.	Closed		Complete. Redefined Executive Committee now in place. Note: we await direction on the HSE (CAO/HSA Director) representative(s). Priority for the Committee is to now establish an External Advisory Board, which will include a Community Healthcare representative
3 (2)	Include a PG and a PD researcher representative as members of the HRI Executive and on other relevant boards and committees.	Closed		
4 (2)	Work with the University and the ULHG to seek representation for the HRI on the Clinical Education and Research Centre (CERC) Management Board.	Closed		
5 (2)	Support all researchers in the HRI to secure external research funding and reduce dependence on internal UL funding.	Closed		
6 (2)	Simplify HRI application procedures for financial support for Open Access (OA) publishing, review	Closed		

	selection criteria and ensure alignment with UL agreements with publishers.			
7 (2)	Refocus support initiatives within the HRI to prioritise explicitly the development of early-/mid-career researchers. An example would be to limit eligibility for financial support for conference attendance to PG and PD researchers.	Closed		
8 (2)	Provide administrative support for the PG/PD Hub as required.	Closed		
9 (2)	Work with the University to develop mechanisms and resources to support collaboration with industry partners.	Closed		
10 (2)	Work with the University to explore the possibility of developing a framework agreement with clinical partners who are not HRI members to facilitate project 'ownership', management of research funds and data sharing.	Closed		Can and do contribute but not within our remit
11 (2)	Work with the University to ensure coherence in the promotion of research ethics and integrity between research institutes, schools and faculties within UL.	Closed		

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_____   5th March 2024

Director of Quality   Date