

Promoting collaboration and research translation

# NSW HEALTH AND MEDICAL RESEARCH HUB STRATEGY

2014 – 2019



Health

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## Executive Summary

The NSW ten-year strategic plan for health and medical research places a strong emphasis on the potential role of research hubs in promoting collaboration and coordinating the efforts of geographically proximate medical research institutes, local health districts, universities and community-orientated research in Medicare Locals.

The NSW Office for Health and Medical Research (OHMR) is charged with overseeing the implementation of NSW's ten-year strategic plan for health and medical research. OHMR is working to create a detailed strategy to guide the future development of health and medical research hubs.

This document proposes the role, structure and purpose of hubs and suggests key stakeholder organisations with which they will interact. The paper will serve as the development guide for research hubs in NSW.

NSW's ten-year strategic plan for health and medical research recommended an enhanced role for research hubs that included key roles in fostering translation, innovation and research capacity.

The hub strategy addresses:

- the enhanced role of hubs
- a structural framework to engage the health and medical research sector in local, state and national health and medical research priority setting
- collaboration in the implementation of initiatives

By local health districts being integrally involved in research hubs, clinical and health services will be enhanced not just by the research, but also by the culture of research and evidenced based practice that develops across the services.

By enhancing a research culture and straddling governance boundaries between clinicians, researchers and organisations, the strategy provides platforms for driving local and system wide translational research initiatives. It also provides a platform for taking a state-wide approach to supporting research infrastructure and improving research governance.

The hub strategy aims to bring the expertise within the state together to make NSW more competitive nationally and internationally.

Key performance indicators for the hubs will be developed around key themes – collaboration, integration, and translation.

An external consultant was engaged to consult widely with the current hubs, their respective local health districts and a number of NSW Health pillars (Agency for Clinical Innovation, NSW Cancer Institute and the Clinical Excellence Commission) to develop a state-wide policy framework.

The NSW health and medical research sector provided feedback on the draft paper in May 2013. There was overwhelming support of the paper. The main changes as a result of the feedback were changes in hub governance, reduction in bureaucracy and greater clarity of the role of the OHMR.

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TWO

## Document purpose

This document provides a strategic framework for the future role and development of the health and medical research hubs in NSW.

THREE

## Preamble

Collaborative approaches are at the foundation of research governance in comparative jurisdictions around the world (US, UK, the Netherlands and Canada). Collaborative approaches are recognised as providing significant advantages in catalysing health and medical research and allowing for the more efficient use of scarce physical and human resources.

For example, the UK Government's *2009 Life Sciences Blueprint* called for a new approach to collaboration between industry and the public sector in 2012, they announced £146m from the UK Research Partnership Investment Fund for investment in nine (9) life sciences clusters (all are collaborations between academia, charities and/or industry) to support their further growth<sup>1</sup>.

Here in NSW, the NSW ten-year strategic plan for health and medical research acknowledges that '[A] although there are good examples of research collaboration between universities, medical research institutes and health services in NSW, discrete silos and competitive practices remain<sup>2</sup>'.

This has been reinforced by the McKeon Review which found that the 'Australian healthcare system, and the research subcomponent, is characterised by a very large number of stakeholders and very few collaborations which embrace the full spectrum of major entities ... [S]ome partnerships between research institutions, universities and health services already exist and have demonstrated excellence in this area. But for the most part, a concerted effort is required to bring together these key stakeholders to provide a mechanism for research to be more fully embedded in the health system'<sup>3</sup>.

The increased focus on, and investment in, clusters and hubs is to take advantage of their globally recognised benefits that include:

- making the best use of a highly skilled workforce
- the stimulation of creativity through the exposure of researchers, program administrators, clinicians, commercialisation proponents and policy makers to all of the different aspects of research
- an enhanced capacity to catalyse developments across the research continuum
- promoting the relevance and uptake of research in clinical practice
- facilitating large scale and/or complex studies that are outside the capacity of any single institution to undertake

The NSW ten-year strategic plan for health and medical research advocated for enhanced collaboration as part of a long term strategic policy framework for health and medical research. The plan has a clear vision of health and medical research in this State:

***NSW will have a global reputation as a resilient, innovative centre of excellence for health and medical research that strongly supports a high-quality health system that is highly responsive to scientific advances and that generates health, social and economic benefits for the state and beyond.***

1 *Strategy for UK Life Sciences: One Year On*, UK Government (from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/36684/12-1346-strategy-for-uk-life-sciences-one-year-on.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/36684/12-1346-strategy-for-uk-life-sciences-one-year-on.pdf))

2 *NSW Health and Medical Research Strategic Review 2012* (which outlines the NSW ten-year strategic plan for health and medical research when read together with the *NSW Government Response*), NSW Government, p31

3 *Strategic Review of Health and Medical Research: Final Report*, Commonwealth of Australia, February 2013, p69

In achieving this vision, the ten-year plan states:  
"NSW will deliver on:

*A priority-driven approach to research and innovation in our health services that will generate new evidence and translate knowledge into the delivery of a better health system and improve health;*

*Improving research infrastructure to enable research organisations to build critical mass, maximise their success in securing competitive grants and build centres of global relevance;*

*Building and optimising the use of shared research assets, such as strategic investments in bio-banking and data linkage, to build research capacity and contribute to research excellence;*

*Leadership in clinical and other health intervention trials to improve clinical care, lead to better treatments and medical devices and improve health."*

Finally, the plan emphasises that:

*NSW should take a partnership approach to build progressively and systematically on two broad strategies:*

- *Foster translation and innovation from research*
- *Build world class research capacity*

The research hub strategy is a key component in the delivery of this vision. A principal element of the NSW ten-year strategic plan for health and medical research is the formation of co-operative research organisations – hubs. The hubs bring together, for mutual benefit, research enterprises such as independent institutes and clinical research groups that are, generally, closely related by geography where facilities can be shared and ideas traded to stimulate new and health-relevant research.

Drawing on recommendations in the NSW ten-year strategic plan for health and medical research, the hub strategy places particular emphasis on:

- developing a state-wide approach to health and medical research and innovation within which the hub strategy plays a key role

- positioning hubs as points of principal engagement between OHMR and the research and health sector
- partnering, collaborating and ensuring an inclusive culture of research across the continuum from bench research to patients and back to clinical practice to general practice, population health, health services and implementation research
- assessing the value-add of hubs through mutually agreed, formal evaluation
- growing research capacity and quality in NSW
- stating how OHMR will support and enable hubs to build up and work effectively
- clarifying and refining the commitment of NSW Health to research infrastructure planning and support, especially in relation to other sources (universities for example) of such support
- how hubs should consider interfacing with the health and medical research sector outside their existing hub arrangements

## FOUR

# Policy context

The term 'research hub' is used for several purposes and it is important in reading this paper to understand that the term is used in a manner consonant with the history of its use in NSW Health.

In 2008 the then NSW Office of Science and Medical Research (OSMR) designated eight research hubs: Illawarra; Northern Sydney; Central Sydney; Randwick; Westmead; Liverpool; Darlinghurst and Hunter. The hubs did not receive additional funding. Three or four hubs had been operating prior to 2008.

As the name suggests, hubs tend to be geographically confined and often include a tertiary teaching hospital campus. The hub model is not invariant: the Central hub includes Concord and Prince Alfred Hospitals. Medical research institutes and university clinical schools are also major hub members. More recently local health districts and Medicare Locals are joining.

Each hub in NSW is different. Membership, culture, equipment planning and sharing regimes, research foci and strategy reflect an amalgam of the history, expertise and existing relationships of hub members informed by local research and clinical strengths and to a lesser extent population needs.

Hubs differ in organisational structure. Several are incorporated but others act as unincorporated joint ventures underpinned by varying levels of formal and informal agreements among the parties.

FIVE

## The role of hubs as articulated in the 2012 NSW ten-year strategic plan for health and medical research and Government response

The NSW ten-year strategic plan for health and medical research contains the following description of research hubs:

- *In NSW, hubs are geographically close or contiguous research enterprises in a functional relationship, with or without satellite research groups that work as parts of a virtual hub. They enhance the efficient sharing of expensive equipment, accommodation and support services. Research workers who are members of a hub have the opportunity to interact with one another<sup>4</sup> (p30)*

In addition, a hub executive quoted in the NSW ten-year strategic plan for health and medical research, noted the translational role of hubs:

- *A medical research hub...provides the optimal framework for ...translation of research between research institutes, universities and teaching hospitals<sup>5</sup> (p30)*

4 *op cit*, Ten-year strategic plan for health and medical research, 2012, NSW Government, p30

5 *op cit*, Ten-year strategic plan for health and medical research, 2012, NSW Government, p30

The plan places emphasis on three features that contribute to successful hubs:

- Established, strong research groups located close to one another and underpinned by a positive view on the value of collaboration
- Representation of research institutes, teaching hospitals and universities
- The potential for linking with academic teaching and commercial development

Further, the plan drew attention to the following aspects of hubs and their future development across the State:

- Research activities tend to be more geographically dispersed in NSW than Victoria and the State can only support a limited number of hubs (without risking dilution of scarce resources)
- Hubs require government support and that support should be separate from the current Medical Research Support Program (MRSP)
- Rural and regional areas must not be left out of the hub agenda but encouraged to network where possible with existing hubs
- There are varying levels of success across the current hubs. Some hubs are highly effective but others appear to lack strategic direction and focus

Under Theme 6 of the NSW ten-year strategic plan for health and medical research there are three key recommendations in regard to hubs that are reported verbatim below. The Government has supported these recommendations and has provided funding to enable the eight research hubs to develop further into the future.

## Theme 6: Enhance health and medical research hubs and collaboration

### Recommendations

- 6.1 **Require research hubs to develop strategic plans that foster translation and innovation and build research capacity**
- 6.2 **Require hubs to report annually to the Office for Health and Medical Research on an agreed set of performance indicators**
- 6.3 **Review and align existing health and medical research networks with this strategy**

### Government response

These recommendations are supported. \$800,000 will be provided annually to support the eight research hubs in NSW. This will assist hubs to develop strategic plans, network, encourage effective use of resources, and strengthen links between centres of research excellence and centres of teaching and health care practice. The Office for Health and Medical Research will work closely with the hubs to achieve these goals.

SIX

## The future role of hubs in NSW

It is envisaged that the role of hubs will increase in the future.

The purpose of hub-based collaborations is not to distract members from pursuing their particular organisational mission, or to create organisational homogeneity, but to highlight and focus on creating productive synergies between members.

The creation and ongoing operation of hubs is a means to an end. From the NSW Government's perspective, the highly desirable benefit it requires from its support of hubs is the closer working of the research community with clinicians and other health service providers.

The challenge for hubs now is to organise themselves to better enable and facilitate health and medical research translation and innovation.

The role of hubs, then, from the perspective of NSW Health, is to drive research for evidence-based innovation in areas such as clinical practice, new treatments, improved clinical and population health outcomes, and enhanced health systems decision-making.

SEVEN

## Vision for the health and medical research hub program

*To position NSW as a global leader in health and medical research translation, innovative models of care and health service delivery.*

EIGHT

## Hub program objectives

The objectives of health and medical research hubs are as follows:

- To facilitate and streamline the efficient translation and implementation of health and medical research findings
- To build research and translational research capacity, streamlined processes and cost-effective platforms across hub members and affiliates as appropriate to each hub's unique strengths and priorities

- To create an ethos that embeds research into health care delivery that:
  - helps develop a culture of enquiry, innovation and evidenced based practice
  - assists the hub and its members to attract and retain leading scientists and clinicians
  - underpins the dissemination and implementation of research findings and evidence into clinical practice and health service policy and decision making
- To act as “engines of innovation” driving improvements in patient and population health outcomes at a local and state level
- To actively encourage engagement, knowledge transfer and collaboration among clinicians, researchers, commercial companies, health services and other key stakeholders including consumers
- To formulate and implement a planned approach to identifying and addressing key patient and population health improvement priorities aligned with hub expertise, health service opportunities and challenges and the broad health and research priorities of NSW.
- To improve competitive advantage in securing other funds

NINE

## The relationship between Integrated Health Research Centres (IHRCs) and hubs

The term “Integrated Health Research Centre” (IHRC) and academic health centres have gained currency in Australia and usually denotes collaboration among health and medical researchers, independent medical research institutes and health services (in particular local health districts) and teaching/research organisations such as universities. The principles and structures of these centres are not too dissimilar to what is proposed in this strategy. There is no impediment for alliances to occur between the existing eight (8) research hubs that further enhance collaboration and research translation.

TEN

## The relationship between hubs and other key research, research translation and clinically focused organisations

Universities, medical research institutes, health services and the pharmaceutical and medical device industries all have a lively interest in the research, translation, implementation and clinical treatment improvement continuum. Important potential collaborators include:

### The NSW Agency for Clinical Innovation (ACI)

The ACI has a state-wide brief to work with doctors, nurses, other health professionals, managers and the community to promote improvements in health service delivery and to translate innovative ideas into sustainable system-wide change proposals. The ACI operates 35 clinical networks across the state. Networks often conduct research and this may, in future, find synergy with the interest of one or more hubs.

### The NSW Clinical Excellence Commission (CEC)

The CEC forms a major component of the Patient Safety and Clinical Quality Program that is designed to provide a comprehensive quality improvement and patient safety program across NSW. A key role of the Clinical Excellence Commission is building capacity for quality and safety improvement in health services. This is driven through training and education initiatives such as clinical practice improvement and patient safety programs.

## Health Education and Training Institute (HETI)

HETI provides leadership, and works closely with local health districts and other public health organisations and clinical training providers, to establish, develop, coordinate and provide oversight to NSW Health education and training programs. HETI provides oversight of undergraduate clinical placements, vocational education and training (VET) sector programs. It also oversees the existing post-graduate clinical education functions of the Clinical Education and Training Institute, which:

- supports safe, high quality, multi-disciplinary team based, patient centred care
- meets service delivery needs and operational requirements; and
- enhances workforce skills, flexibility and productivity

## Health and medical research networks (funded by OHMR)

The OHMR funds six state-wide research networks (Stem Cells; Multiple Sclerosis Clinical Trials; Better Treatment 4 Kids; Cancer Cytoskeleton; Cardio Vascular; Spinal Cord Injury). Apart from the Stem Cell Network, the five networks have a clinical focus and aim to:

- link funding for health and medical research to NSW Government priorities
- increase capacity to attract additional research funds
- reduce infrastructure support costs; and
- support multi-centre clinical trials and facilitate the translation of research outcomes into clinical practice

## Medicare Locals (Commonwealth funded)

Medicare Locals are primary health care organisations established to coordinate primary health care delivery, especially general practice and the community health services. They have replaced previous Divisions of General Practice, consolidating them and expanding their function. Medicare Locals are looking to undertake research – to identify community needs, to better understand the social origins of illness and to tailor programs of care for people with longstanding and recurrent illness.

The role of Medicare Locals that potentially integrate with hubs include:

- working closely with local health districts to make sure that primary health care services and hospitals work well together for their patients
- supporting local primary care providers, such as general practitioners, practice nurses and allied health providers
- to adopt and meet quality standards

Several hubs are already actively engaged with Medicare Locals and others have indicated that they intend to engage with one or more of these primary care organisations.

## Sax Institute and other population health entities

The Sax Institute builds partnerships between public health researchers and health policy and service delivery agencies to achieve better health in NSW. In addition, it holds distinctive research assets, such as a large cohort study '45 and Up' that creates a fertile data base for research of immense variety – ageing, cancer, and mental health to name three fields. At its foundation the Sax Institute has created a remarkable coalition of university and research groups undertaking population health and health services research. The Sax Institute is therefore an important potential public health research resource for hubs.

## Cancer Institute NSW

The Cancer Institute NSW was formed in 2002 to improve cancer health services and therefore lessen the impact of cancer in NSW. The Institute's objectives are to:

- reduce the incidence of cancer in the community;
- increase the survival rate for cancer patients;
- improve the quality of life of cancer patients and their carers;
- provide a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

The Cancer Institute has created and supported a number of valuable Translational Cancer Research Centres/Units (TCRC/U) with which the hubs and hub members can engage.

The four Translational Cancer Research Centres are:

- Sydney Catalyst (Sydney University)
- Translational Cancer Research Network (UNSW)
- The Kids Cancer Alliance (UNSW)
- Sydney-West Translational Cancer Research Centre (Sydney University)

The three Translational Cancer Research Units are:

- Hunter Translational Cancer Research Unit (Newcastle University)
- South West Sydney Translational Cancer Research Unit (Ingham Medical Research Institute)
- Northern Translational Cancer Research Unit (Sydney University)

### **Rural Clinical Schools (Commonwealth funded as part of the Rural Clinical Training and Support (RCTS) program)**

A number of hubs and hub members may already have direct links with rural clinical schools and rural and remote LHDs. The RCTS program is designed to increase the rural medical workforce by enlisting Australian medical schools to deliver rural medical training, to recruit rural medical students, promote and encourage rural medical careers and increase opportunities for Aboriginal and Torres Strait Islander students. The program also seeks to encourage health professionals to take up rural academic positions, often through joint funding arrangements with local area health services. The development of rural medical training infrastructure, including new educational facilities and student accommodation is also a major aspect of the program.

### **University Clinical Schools (part of university medical faculties)**

Historically, university medical faculties have organised their clinical teaching, research and contribution to clinical services, through university clinical schools. Historically, these have been located on large hospital campuses and serve as the 'home base' for university clinical academics. Several hubs already have close and productive relationships with their local clinical schools. With the expansion of medical education to several additional universities, the number of clinical schools is currently increasing.

Newer medical schools such as Notre Dame Australia and University of Western Sydney have opened or planning clinical school facilities often at smaller hospitals including Lithgow, Blacktown-Mt Druitt, Auburn and Campbelltown. Establishing research in the midst of often heavy service demands and teaching loads is difficult for academics at the new clinical schools. Support from a hub may prove to be a valuable gift.

Each hub should seek to create efficient and effective ways to work with the above organisations and other entities, with which they have mutual interests.

The OHMR, while not being prescriptive, will expect to see evidence that hubs have put in place processes to ensure ongoing, meaningful engagement with stakeholders in both the planning and implementation phases of their activities.

Appendix 1 provides a diagram summarising how each hub may interact with major stakeholders. Others in the diagram could include the following; NSW Kids and Families, NSW Ambulance Services, Australian Rural Health Research Collaboration, Commonwealth Scientific and Industrial Research Organisation (CSIRO), National Health and Medical Research Council (NHMRC), Aboriginal Health and Medical Research Council (AH&MRC), National Information and Communications Technology Australia (NICTA), peak research bodies (e.g. AusBiotech, Medical Technology Association of Australia (MTAA)), private health services, aged care facilities, biomedical & pharmaceuticals, philanthropic foundations, non-government organisations (NGOs, e.g. Heart Foundation), consumer networks ('Parents as Partners in Research - neonatal network).

## The relationship between hubs, ACI Clinical Networks and OHMR clinical research networks

As already noted the ACI Clinical Networks provide a potential state-wide framework for the translation of research evidence into clinical practice/improved models of care.

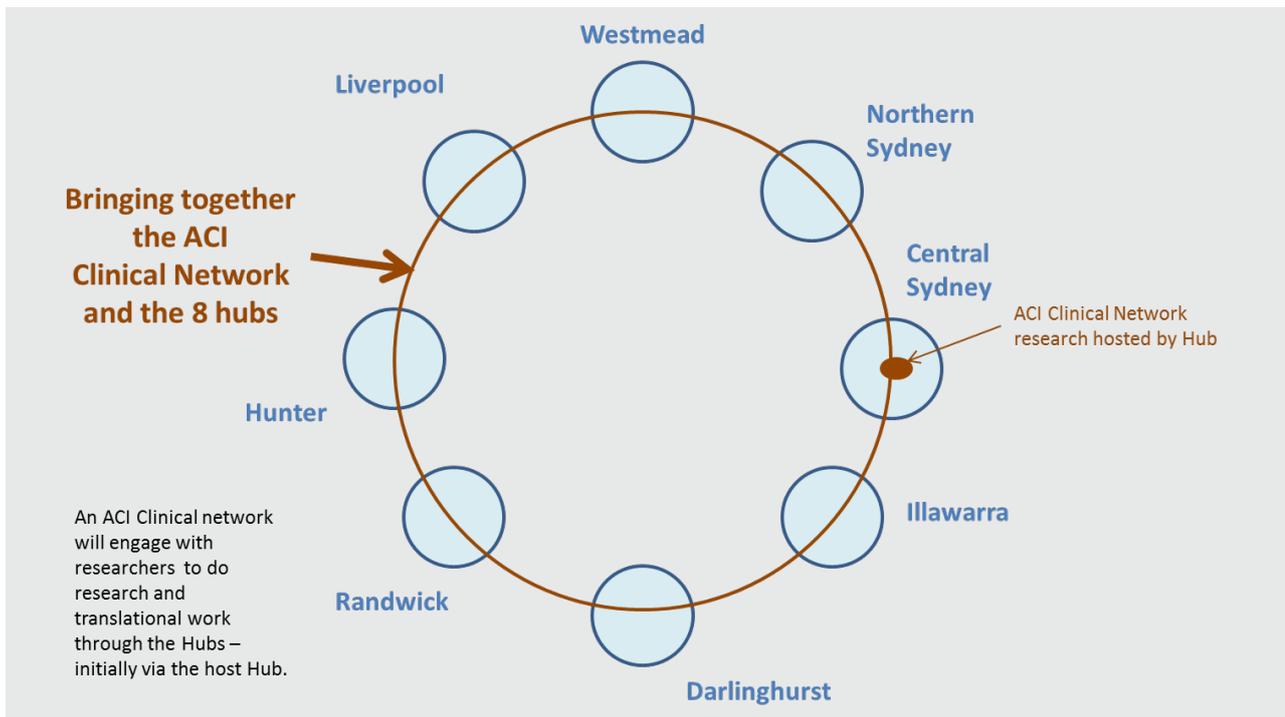
Three options for research hub – clinical network collaboration are provided below.

### Option 1 – Hosting model

In this research hub – clinical network collaborative model, to facilitate interaction between researchers and clinicians an ACI clinical network is ‘hosted’ by a research hub. Research hubs could identify particular areas of research strengths (‘spheres of influence’) that would make it a suitable research host for the appropriate ACI clinical network (see Diagram 1). The host research hub will facilitate the interaction and engagement of the ACI clinical network with all the hubs. This can be in the form of workshops, conferences, forums and meetings of key personnel and stakeholders from all the hubs, their members and the networks.

The role of the OHMR is to provide direction and funding support to the ACI Clinical Network to facilitate the relationship between research hubs and clinical networks.

Diagram 1. Research Hubs and Clinical Networks Option 1 – Hosting Model



## Option 2a - Brokerage model

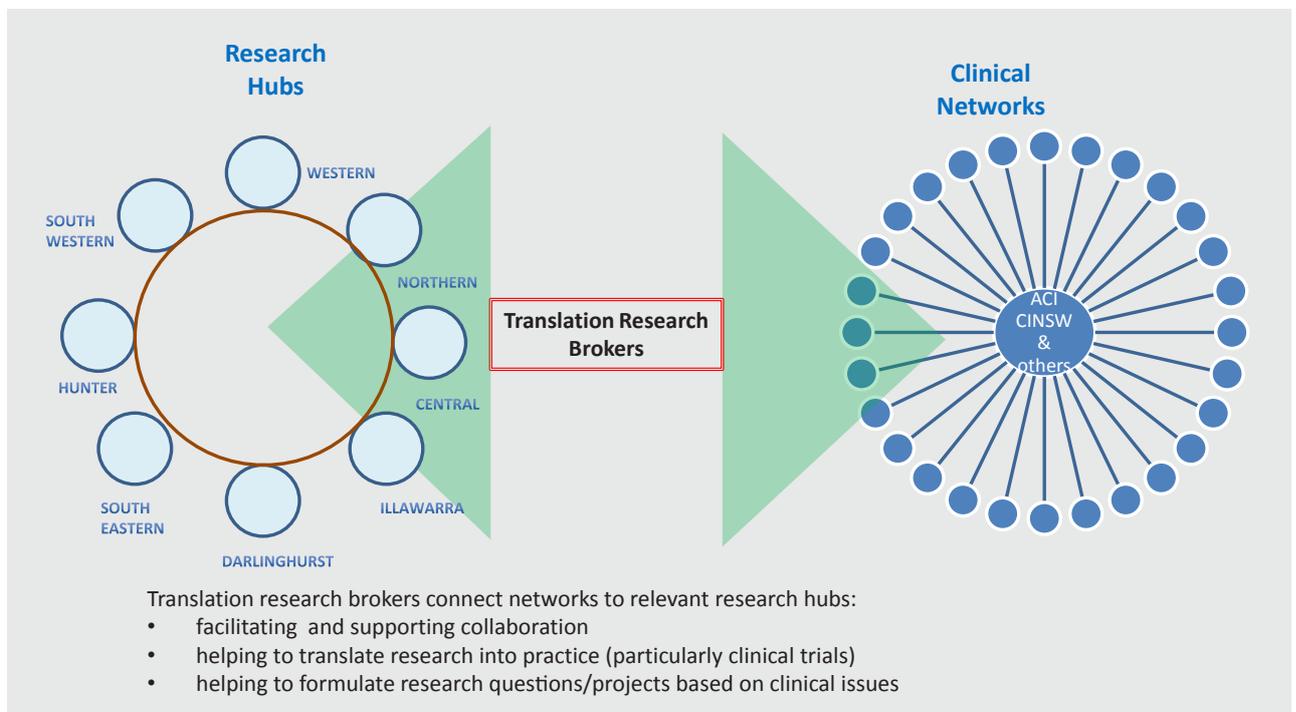
In this model the OHMR funds ACI 'translation research brokers' who bring together relevant clinical networks and the research hubs to:

- facilitate and support collaboration
- focus on issues raised by clinicians and/or researchers – formulating research questions from clinical care, population health or health system issues

- work together on research implementation into clinical care and practice, including clinical trials
- collaborate in a state-wide or national initiative or project application

This approach is very much issue based and task focused (Diagram 2).

Diagram 2. Research Hubs and Clinical Networks Option 2 – Brokerage Model



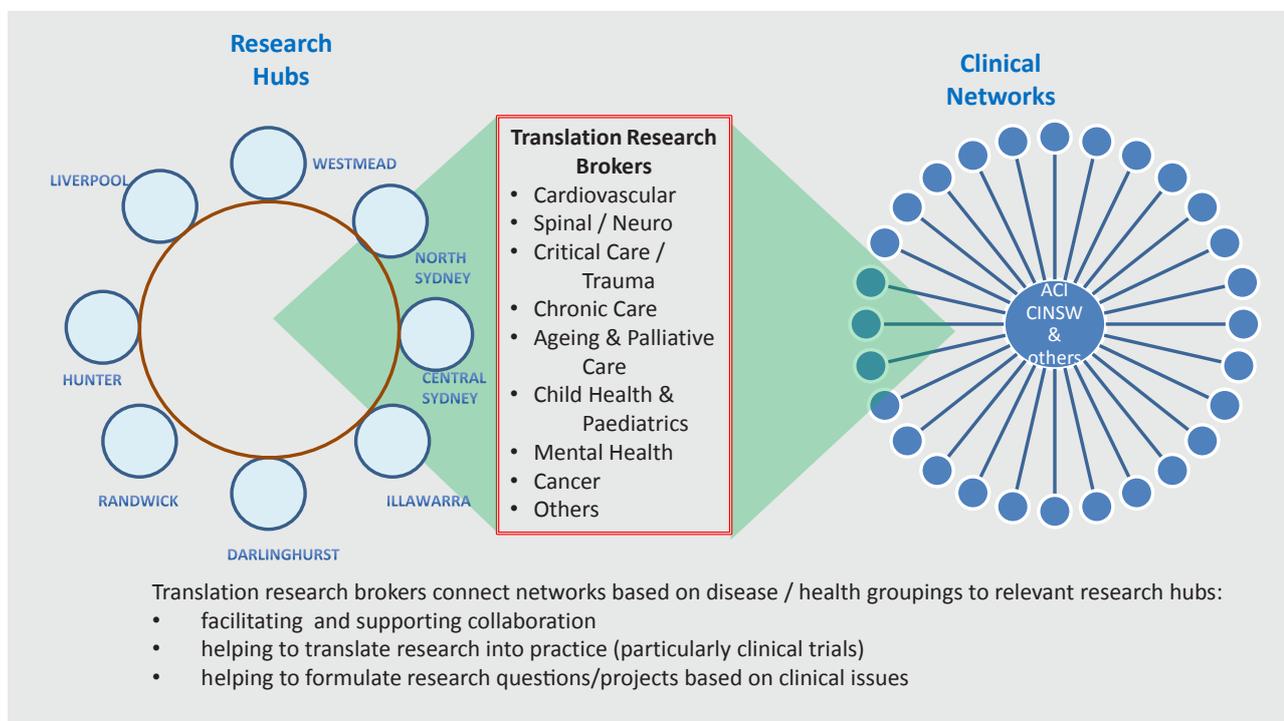
## Option 2b – Brokerage model

In this model the translation research brokers are focused on key clinical network groupings linking networks to relevant research hubs depending on the project, task or issue being addressed. See diagram 3.

The research broker function will be delivered by expert brokerage staff, funded from the OHMR and managed and reporting to the Research

Manager, Agency for Clinical Innovation. These positions need not be full time for each network grouping and will be supported by administrative staff and a goods and services budget. It is envisaged that the expert brokerage function will require staffing between 3 and 4 FTEs.

**Diagram 3. Research Hubs and Clinical Networks Option 2b - Brokerage Model**



## Clinical Research Networks

The OHMR has supported six clinical research networks;

- NSW Stem Cell Network
- Multiple Sclerosis Clinical Trials & Support Network
- Better Treatment 4 Kids
- Cancer Cytoskeleton Network
- Cardiovascular Research Network
- Spinal Cord Injury Network

These networks were created to assist in increasing research capacity and collaboration with a focus on multicentre clinical trials and translation of research. Many of the networks have wide organisational representation from the health and medical research sector. A number of the networks are also supported by NGOs. The clinical research networks will be encouraged to engage with research hubs similar to the options described for the clinical networks (see options 1, 2a & 2b).

TWELVE

## Design principles and governance

The following section outlines hub design principles and governance. These design principles and governance are not intended to be prescriptive, but to provide a guideline on which hubs can base their structure. Hubs can self-structure around the key themes of the hub strategy – collaboration, integration and translation – provided that the proposed model demonstrates alignment with these guidelines.

### Membership

Hub membership is voluntary and collaborative and each member is recognised as a hub partner.

In the diagram (4) below the hub partners are divided into eight stakeholder groupings (LHDs (including other public health organisations), MRIs, Universities, Medicare Locals, hosted ACI Clinical Networks, NGOs, Biomedical and Pharmaceuticals & Others).

Major stakeholder groupings are; LHDs, MRIs, Universities, ACI Clinical Networks.

The current (2014) eight research hubs are located in seven local health districts and one specialty network. The remaining seven local health districts and two specialty networks are encouraged to become members of the existing research hub by mutual agreement.

The remote and rural LHDs currently work in a collaborative research network (Australian Rural Health Research Collaborative). OHMR will ensure that this network is linked in with all OHMR initiatives that are relevant to research hubs. Consideration should also be given to whether there should be a formal Remote and Rural Health and Medical Research network (9th 'virtual' hub).

The remote and rural LHDs will be included in representation on the various expert advisory groups (see section 15) and communities of practice.

Hub members will need to have a legal status.

## Governance

Governance structures will deliver the objectives of the research hub strategy (see above section 9; Hub Program Objectives) and the principles articulated below ensuring accountability and transparency of decision making.

Existing research hubs that have an incorporated governance structure need to have mechanisms in place that allow other potential partners who are not members of the incorporated entity to participate as research hub members consistent with the research hub strategy.

An **unincorporated governance model** (a peak body under the auspices of NSW Health) is an option for research hubs that are not currently incorporated as it is not subject to the complex regulatory regime of company law. It offers stakeholders more flexibility in their dealings with one another and still provides a basis for contractual arrangements with a number of partners.

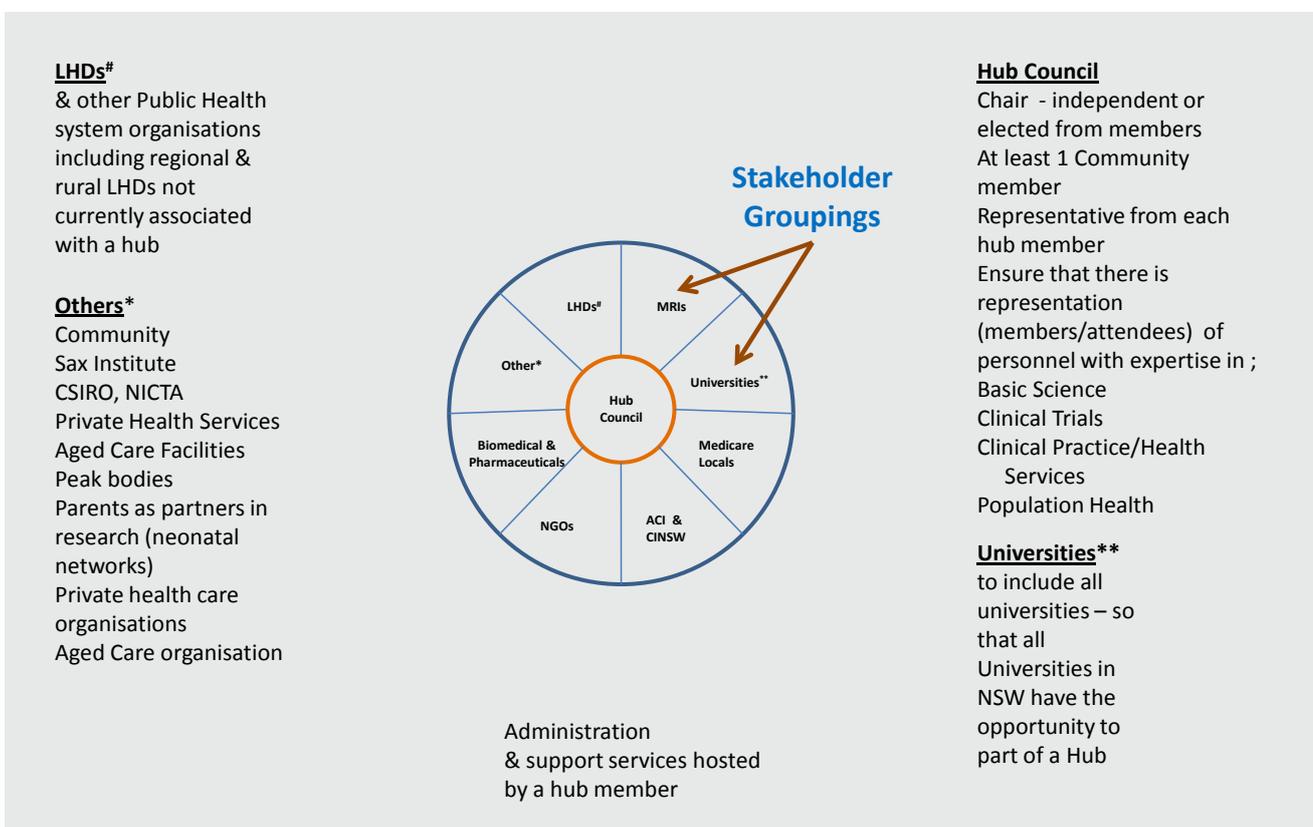
Unincorporated hubs will complete MoUs between the members - broad templates will be provided by OHMR. The MOUs will address critical issues such as; staffing/secondment of staff, liability (commercial, personal), management and accountability for funding, potential conflicts of interest, intellectual property.

Hubs may have more than one class of members (e.g. core and affiliates). Each core member has equal status (“one vote per member”).

Hub core members must be drawn from a range of independently constituted organisations and may include LHDs, other public health organisations, universities, independent medical research institutes and private companies. Hubs that wish to extend core membership to other types of organisations should consult with the OHMR.

**OHMR Approval:** governance arrangements will be reviewed and approved by OHMR. OHMR will work with Hubs to achieve compliance.

**Diagram 4**



## Alliances and networks between hubs

In the first instance the eight hubs are formed around a defined geographical area but extended alliances may be encouraged that link together more than one of the eight hubs and other entities such as non-research intensive rural or regional LHDs.

Funding, however, will be directed to individual hubs, not networks of hubs.

No new hubs will be formed in the initial round of funding in 2014.

## Hub Council

Below is a proposed composition of a hub council. Key elements of a research hub council are – community representation, representation from each hub member, broad skills and competency across research disciplines, professions and translation research expertise.

Each hub will put in place a hub council led by a suitably qualified Chair after consultation with hub members.

The Chair must have an understanding of the policy and organisational contexts of health and medical research. Ideally the Chair would have research experience. Hub Council members are to elect a Chair based on the needs of the hub and the existing capabilities within the hub.

Each hub member will have a representative on the hub council.

The hub council should consider having either members and/or invited attendees who have expertise in the following areas of translational research:

- T1 – translation to humans (basic science to humans – phase 1 clinical trials)
- T2 – translation to patients (phases 2-4, clinical trials)
- T3 – translation to clinical practice
- T4 – translation to population health

Further criteria for expert membership include:

- Membership should consider including personnel from different disciplines (medicine, allied health, nursing, scientists, public health, epidemiologists/biostatisticians/bio-informaticians)
- At least one community member
- Other – hubs may want to have representation from other key stakeholders

## Hub administration

The hub administration will support the hub council (including secretariat role).

The hub administration will work with the governance bodies of its members to action partnership and collaborative initiatives as directed by the hub council.

## Liaison with stakeholders

Hubs are expected to actively liaise with the OHMR, agencies such as ACI, BHI, HETI and CEC, NSW Cancer Institute, relevant university partners and LHD Directors of Research and Education.

## Strategic planning

All hubs will develop a strategic plan to be approved by the hub council (and their respective members). It is expected that the strategic planning process will draw upon wide consultation.

The strategic plan will articulate clear research and research translation priorities. The plan will articulate these priorities impact patients and population health, how the hub will liaise and collaborate efficiently with key stakeholders, the approach the hub will take to rationalising major equipment purchasing priorities and the provision of platforms as well as consultation processes with key stakeholder groups such as consumers and relevant community groups. Some hubs already have strategic plans in place which may provide a useful template for others to emulate.

Hub strategic plans should nominate a limited number of patient or population health challenges upon which the hub aims to make a measurable, positive impact.

The plan should also outline proposed indicators to be put in place to measure progress against these patient and population health improvement goals. Such indicators will no doubt be refined and developed over the coming years.

Suggested reporting measures for all hubs are outlined for discussion at section 18 below.

## Reporting and evaluation

Hubs will report on their activities annually and commission an independent review of their performance every several years. The interval between formal evaluations will be set based on further consultation with hubs. The independent evaluation will be forwarded to OHMR and made available publicly.

It is noted that there is no current development and evaluation framework for hubs. This issue is addressed further at section 19.

## THIRTEEN

# State-wide hub coordination and alignment

It is essential that each health and medical research hub is well governed, has an agreed strategy and priorities and is aligned with State initiatives and programs.

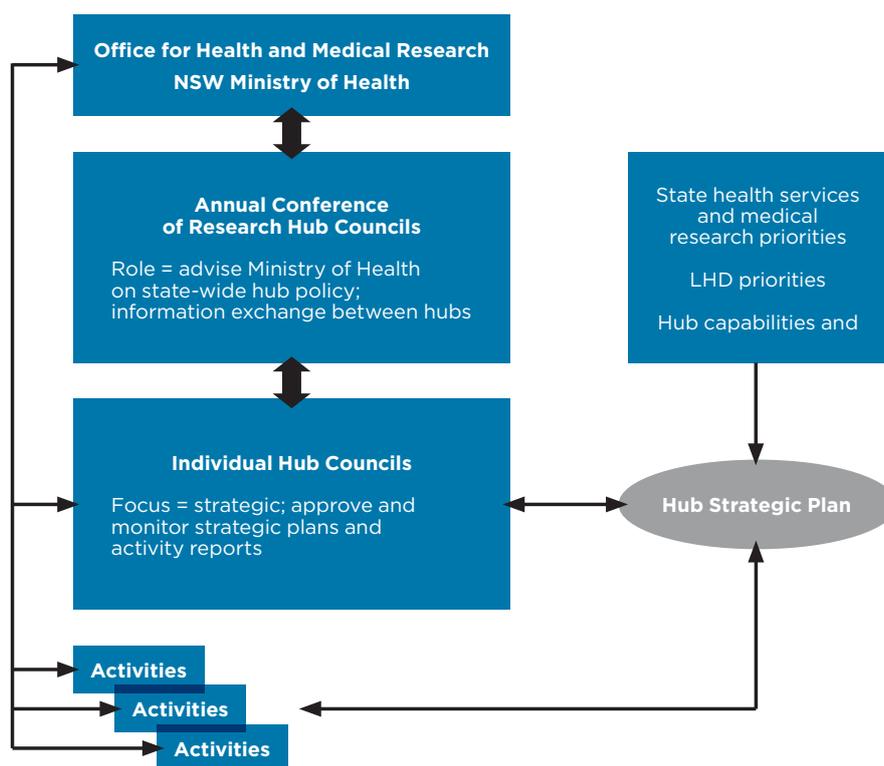
It is also important that hubs share best practice through collaborating with each other and with complementary entities such as Integrated Health Research Centres.

To this end, there will be an annual conference of research hub councils and relevant other stakeholders (e.g. ACI, HETI, CEC, CINSW etc).

The objectives of the annual conference of hub councils will include:

- Reviewing the implementation of the NSW Health and Medical Research Strategic Plan – advising OHMR on priorities
- Sharing hub strategies and priorities
- Advising OHMR on major, state-wide and regional research equipment and platform requirements and how access to these will be structured
- Encouraging collaboration and sharing between hubs including sharing of platforms and research support services across the State
- Sharing national, international and local best practice in hub management, health and medical research translation and innovation
- Providing feedback and input to the state-wide expert groups (ad hoc or standing – see diagram 6)

Diagram 5. Proposed state-wide hub



FOURTEEN

## Overarching consultative processes for health and medical research in NSW

State-wide hub coordination and alignment is only one aspect of creating the necessary supporting and coordinating structures necessary to drive the development of health and medical research in NSW.

Structures and processes need to be in place to maximise communication, productive collaboration and knowledge transfer across all aspects of health and medical research in this State as stipulated by the NSW ten-year strategic plan for health and medical research.

To this end the OHMR proposes to form a “State Consultative Committee for Health and Medical Research” to act as a sounding body for the OHMR and to support the OHMR in policy formulation and implementation. It will be time limited (Diagram 6).

### Expert Groups

In addition to the State Consultative Committee for Health and Medical Research, it is proposed to form expert groups and other time-limited working parties to address specific challenges and opportunities and also the implementation of state-wide policy frameworks (Diagram 6).

The groups will report to the OHMR.

These groups will either be standing or ad-hoc.

Membership will be from all research hubs, remote/rural LHDs (and associated networks) and key other expert stakeholders.

Initial expert groups will be in the following enabling research platforms:

- Biobanking
- Bioinformatics
- Clinical Trials
- Intellectual Property

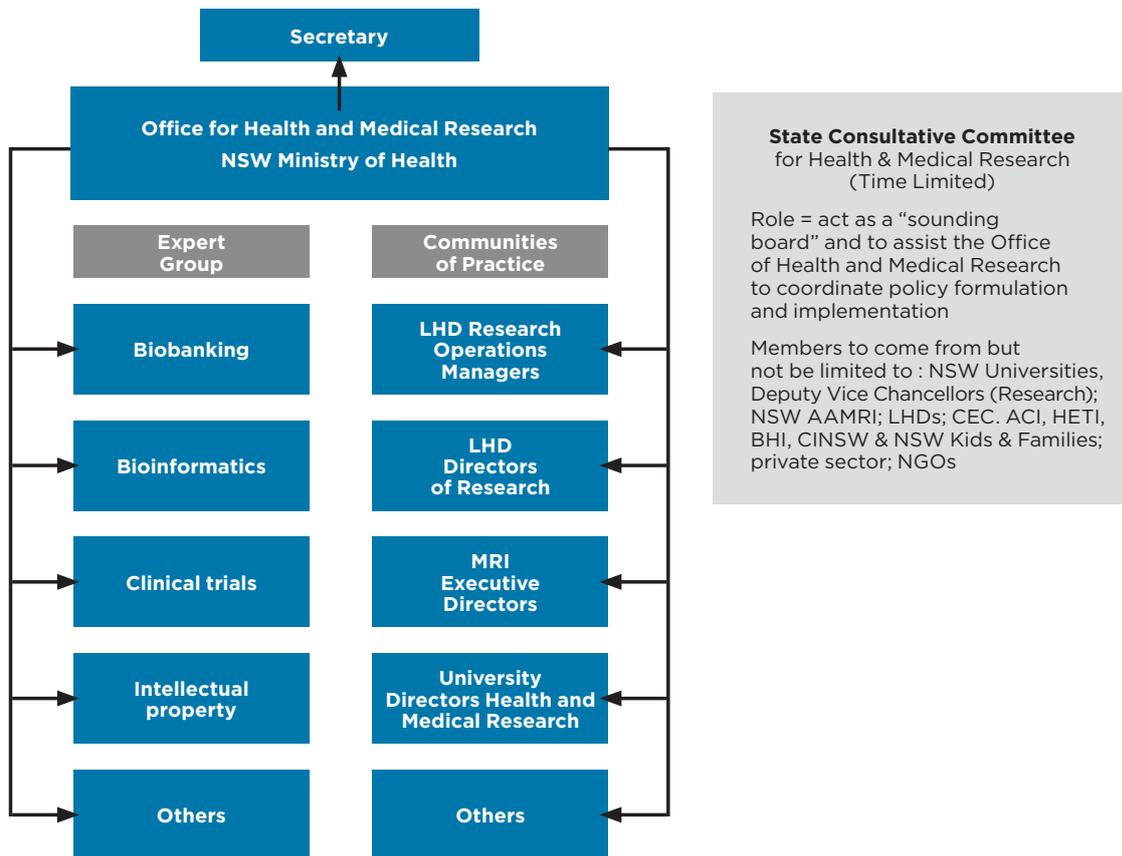
### Community of Practice

The OHMR will facilitate the formation of key research communities to assist in research governance and operations and be a key conduit

for stakeholder engagement with research managers and leaders (Diagram 6). Examples of communities of practice include:

- LHD Research Operations Managers
- LHD Directors of Research
- Medical Research Institute Executives
- University Directors of health and medical research

**Diagram 6. Proposed state-wide health and medical research consultative structure**



FIFTEEN

## The role and responsibility of the Office for Health and Medical Research

It is important that this policy articulate the role and responsibilities of the OHMR.

The role of the OHMR can be summarised as follows:

- Formulating of state-wide health and medical research policy, strategy and priorities in consultation with key stakeholders and health and medical research organisations
- Acting as a champion for health and medical research in NSW
- Fostering communication and collaboration between stakeholders and research organisations
- Approving strategic plans for hubs and other key entities
- Overseeing of funding allocation and program implementation
- Providing logistical and other support for state-wide health and medical research consultative bodies such as the Standing Council of Research Hubs and State Consultative Committee for Health and Medical Research
- Coordinating input into State and Federal health and medical research strategy and policy formulation
- Acting as a source of advice and expert referral
- Encouraging and mentoring where appropriate
- Monitoring and evaluating program and policy effectiveness
- Collecting and publishing relevant statistics and performance data

SIXTEEN

## Hub funding priorities 2013-14

2013-14 hub funding will be targeted at:

- Developing a comprehensive strategic plan for each hub
- Revising, creating or enhancing hub governance processes and memoranda of understanding between the hub members
- Putting in place systems and processes to enhance the hub's capacity to annually report on its progress and activities
- Remaining funds may be applied to other purposes in consultation with the OHMR

SEVENTEEN

## Possible ongoing uses of health and medical research hub funding

The Office of Health and Medical Research proposes to seek growth in hub funding over future years. Several possible uses of ongoing funding are proposed below for discussion.

Hub funds may be applied to a range of activities including:

- Funding shared support processes and platforms between hub members (e.g. Information Technology; animal house; biostatistics; clinical trials support)
- Business development, marketing and fundraising
- Retaining project officers to set up specific programs or processes

- Hiring staff resources to support the delivery of research translation outcomes
- Facilitating knowledge and innovation transfer between hub members and external stakeholders. For example, annual or bi-annual planning meetings, conferences and a joint (linked) website for publications and research activities
- Developing and implementing new clinical treatment protocols and models of care
- Formulating and implementing population health policies
- Translating existing research evidence into practice (implementation science)

It is not a priority to allocate hub funding to:

- Supporting individual clinical trials as opposed to resourcing systems and processes to enhance clinical trial activity between hub members and other related entities
- Purchasing research equipment
- Hiring or funding research staff
- Travel to discipline research conferences

## EIGHTEEN

### General measures, reporting and evaluation for all hubs

It is envisaged that each hub will report as appropriate against:

- a set of general measures applied to all eight hubs
- specific targets each hub will set in its strategic plan

Key performance indicators for the hubs will be developed around key themes; collaboration, integration, and translation. The indicators must reflect the output of hub activities and initiatives and not be a collated report of performance indicators from the individual hub members.

It is recognised that each proposed measure may not be appropriate to every hub. It is also recognised that hubs may need to set up processes and procedures to enhance their capacity to gather and report on hub-wide data.

## NINETEEN

### Hub development and evaluation framework

As noted in the NSW ten-year strategic plan for health and medical research and this document, a number of hubs have been operating effectively for many years.

Other hubs are less well developed.

In order to assist hub councils and the OHMR to support the development of both individual hubs and the State hub program it is proposed to commission a State-wide “Hub Development and Evaluation framework” which may be the first of its kind for Australia.

The purpose of this project is to establish:

- An objective state-wide view of the current status of hubs and hub program
- A starting point from which to evaluate progress at a future point
- Prospective areas of hub development which may require further policy and/or financial support
- A broad framework to assist hub councils and the OHMR to systematically develop hub effectiveness
- More refined performance and evaluation measures which can be rolled out in future years

This project will be conducted in consultation with the hubs and the State Hub Council and should be viewed as a positive contribution to hub strategy and implementation.

The establishment of the Hub development and evaluation framework will recognise the unique contributions and structures of each hub.

Terms of Reference for this project will be established in mid 2014.

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TWENTY

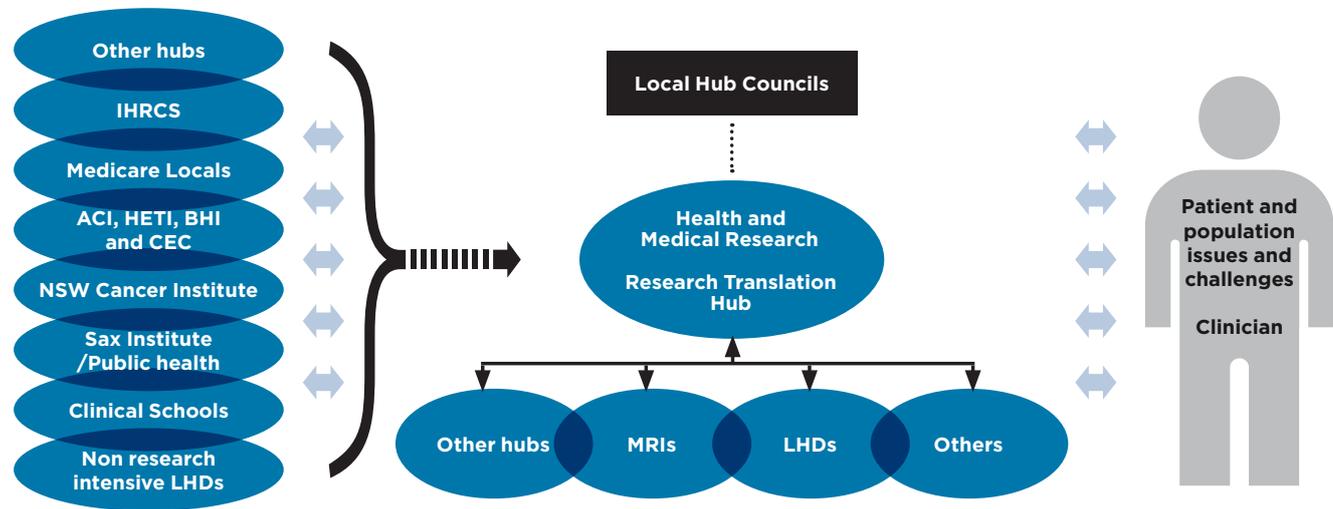
## Contracting

Funding agreements will be struck between the NSW Ministry of Health and each hub.

Each hub is to nominate a secretariat who will be responsible for:

- Execution of the funding agreement on behalf of the hub members
- Receipt of funds and financial accountability. The Secretariat will be custodian of the funds and approval to spend funds will be sought from the hub council
- Collating and preparing reporting requirements.

# Appendix 1: State-wide Hub Structure



**Support platforms and processes** → → →

<b>Stakeholders and partners</b>	<b>Regional/local</b>	LHDs; hubs; some platforms; local government; IHRCS; hospitals; Rural Clinical Schools; LHD Research and Education Drivers; Medicare Locals, some charities/NGOs; some commercial entities; VMOs; primary health; University Clinical Schools
	<b>State-wide</b>	OHMR; NSW Ministry of Health; universities; clinical networks; research networks; MRIs; Four Pillars; Cancer Institute NSW; charities/NGOs; disease groups; MRSP; Sax Institute; some platforms; commercial entities
	<b>National/international</b>	DoHA; NHMRC; ARC; pharma and device companies; Foundations and charities; disease groups; learned colleges; some platforms; COAG; venture capital funding



