

ISLHD Research Strategy 2026-2029

2026-2029

April 2026



Acknowledgement of Country

Illawarra Shoalhaven Local Health District (ISLHD) acknowledges that our health district is located on the unceded lands of the Aboriginal people who are the Traditional Custodians of the NSW South Coast. We pay respect to the wisdom of Elders both past and present, and Aboriginal communities of today. ISLHD is committed to improving Aboriginal Health outcomes by eliminating racism and providing a culturally safe health service for our Aboriginal communities.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

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Published by Illawarra Shoalhaven Local Health District.

www.islhd.nsw.gov.au

First published: April 2026

Department or Agency reference number: DT26/29935

Acknowledgements

We wish to acknowledge the contributions made by staff at ISLHD and the University of Wollongong in the development of this document.

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Foreword

1.1 A message from the Chief Executive



Research and innovation are fundamental to delivering high-quality, equitable and sustainable healthcare for the communities of the Illawarra Shoalhaven. As a district, we are facing increasing demand, rising complexity, widening inequities and rapid shifts in workforce, technology and community expectations. To meet these challenges, we must strengthen our ability to generate new knowledge, translate evidence into practice, and embed research into the fabric of how we deliver care every day. This Research Strategy sets out our vision and roadmap for doing exactly that.

Our ambition is clear: to build a vibrant, collaborative research ecosystem that improves patient outcomes, advances health equity, empowers our workforce and strengthens the sustainability of our services. This strategy reflects the voices of our clinicians, consumers, researchers, partners and community

members, who consistently told us that research is essential to shaping the health system our region needs – not an optional extra. They highlighted the need for stronger partnerships, clearer pathways, system enablers, and a culture that values curiosity, evidence and innovation. This strategy responds directly to that call.

Central to this plan is rebuilding and expanding our partnerships – not only with the University of Wollongong, but also with universities, research institutes, primary care and industry across the region and beyond. Collaboration is at the heart of impactful research, and we are committed to strengthening these relationships through shared governance, joint appointments, co-located functions and collective investment in infrastructure and capability.

We will also focus on building a culture of research excellence across all professions and services. This means providing protected time, mentoring, education pathways and structured career options for clinicians and emerging researchers. It also means championing First Nations leadership, embracing Indigenous methodologies and ensuring that research is conducted with communities, not about them. Our consumers told us that they want to see research translated into real improvements in care; therefore, this strategy places equal weight on implementation, data-driven redesign, and continuous learning.

We know that our district has enormous potential. There are pockets of exceptional research already happening, and many staff with ideas, passion and expertise. What has been missing is the coordinated support, infrastructure and investment needed to help this work flourish. This strategy provides that foundation. Over the next three years, we will build the systems, capability and partnerships that enable research to thrive and deliver tangible benefits for our patients and community.

I look forward to working with all of you to bring this vision to life.

Margot Mains

Chief Executive
Illawarra Shoalhaven Local Health District

1.2 Introduction from the Clinical Director of Research

As clinicians, we come to work each day with a shared purpose: to provide the best possible care for the people of the Illawarra Shoalhaven. Yet every one of us also sees the gaps – where models of care could be better, where outcomes are not where they should be, where workloads rise because processes don't work, and where we know our patients deserve more. Research is one of the most powerful tools we have to close these gaps. It gives us the evidence to improve care, redesign services and deliver better outcomes for our patients, our teams and our community.

This Research Strategy is designed with clinicians at its core. It recognises that the most meaningful research questions often arise at the bedside, in the clinic or during a challenging case review. It aims to make research easier, more supported, and more directly connected to everyday clinical practice. Whether you are an experienced researcher, an early-career clinician or simply someone with a good idea, this strategy provides the structures, pathways and support to help you turn questions into answers – and answers into better care.

A key focus of this strategy is embedding research into the way we deliver services. This means providing clearer pathways to participate in studies, better access to data and analytics, protected time for those undertaking research, and practical support through governance, trial coordination and implementation science. It also means elevating clinical leadership, ensuring that research priorities are shaped by the challenges we see across emergency, wards, outpatient clinics, community services and perioperative settings.

Most importantly, this strategy is about culture. It signals that research is not something separate from clinical work – it is part of great clinical work. When we test new ideas, measure outcomes, trial new models of care and ensure our decisions are evidence-driven, we strengthen our services and deliver better results for patients.

I am excited to work alongside you to build a research-active, education-focused health system – one where innovation is rewarded, clinician voices drive inquiry, and our community benefits from the knowledge we generate together.



Associate Professor Daniel Brungs
Executive Clinical Director of Research
Illawarra Shoalhaven Local Health District

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Vision

2.1 Our vision for research

ISLHD’s vision is to embed research, innovation and evidence translation as core business, improving health outcomes, strengthening our workforce, and delivering care that is locally relevant, globally informed, and grounded in community and First Nations leadership.

2.2 Strategy overview

Research at ISLHD will address the needs of the Illawarra and Shoalhaven communities, with a strong focus on equitable access and outcomes, high-value models of care that support sustainability, and the mobilisation of data and digital assets to accelerate innovation. Aligned with NSW Health’s statewide research priorities, ISLHD research will build capability, strengthen translation and commercialisation pathways, and contribute to the activation of health and innovation precincts.

Capital investment in health precincts provides a platform to expand research capability, attract and develop a skilled workforce, and enable collaboration with academic, industry, and community partners. Through these partnerships, research will contribute to the delivery of an innovative, connected, and future-proofed health service that delivers measurable benefit for local communities and the broader NSW health system.

| | | | |
|------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Priorities | Community Health Priorities | Clinical Trials | Clinician Driven Research |
| | Healthy ageing and end-of-life care Chronic disease prevention & management Mental health alcohol & other drugs | Improving access for regional patients Embedding trials into clinical care Expanding trials activity | Multidisciplinary models of care Translating evidence into practice Scaling successful innovations Use of existing data assets |
| Enablers | Leadership, governance and accountability | | |
| | Community, industry and academic partnerships | | |
| | Workforce capability and capacity | | |
| | Communication and visibility | | |

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Priority Actions

3.1 Research Partnerships and Collaboration

3.1.1 Rebuild and Expand University Partnerships

- Establish a renewed strategic partnership with the University of Wollongong (UOW), supported by clear governance and shared priorities.
- Explore additional partnerships (e.g., Western Sydney University, UNSW, University of Canberra, Charles Sturt, ANU) to broaden capability and expertise.
- Implement joint appointments, conjoint positions (including allied health and nursing), and embed academics in clinical settings (e.g., biostats, data science).

3.1.2 Join a Research Translation Network

- Seek membership in a research translation centre, such as SPHERE, Sydney Health Partners or Regional Health Partners, to increase collaboration, visibility, grant competitiveness, and translational expertise.

3.1.3 Build Shared Research Infrastructure

- Establish a joint Human Research Ethics Committee between ISLHD and UOW.
- Explore sharing services such as grants management, statistics support, data access and facilities to avoid duplication across organisations.
- Co-locate research governance functions with UOW ethics to enable coordinated service provision.
- Develop shared institutes, hubs, or joint research advisory groups to guide strategy and investment.

3.2 Build a Culture of Research Excellence

3.2.1 Leadership Commitment

- Position research as core business, not a discretionary activity.
- Embed research expectations into role descriptions, performance plans and service plans.

3.2.2 Workforce Capability and Development

- Provide protected research time and backfill mechanisms.
- Establish mentoring programs and research education pathways that complement existing programs offered by OHMR and ACI.
- Support Aboriginal researchers through scholarships, internships, mentoring and leadership development.
- Create structured research career pathways for clinician-researchers at all levels.

3.2.3 Recognition and Visibility

- Celebrate research achievements through awards, internal grants, communications, and events.
- Develop consistent approaches to recognising research outputs at department, division and district levels.

3.3 Embed Research into Clinical Service Delivery

3.3.1 Grow Clinician-Led Research

- Appoint research champions within clinical teams that encompass medical, nursing and allied health specialties.
- Enable nurses and midwives to access award-mandated research time.
- Expand clinical trial capacity by developing centralised trials teams and supporting infrastructure needs in redevelopment plans.

3.3.2 Strengthen Translation and Implementation

- Create an Implementation Community of Practice to co-design translation plans, evaluate outcomes, and support service-wide adoption.
- Implement feedback loops using dashboards, quality improvement data, and KPIs.
- Integrate research findings into models of care, guidelines, policy and clinical redesign.
- Maintain resourcing of the research office to ensure ethics, governance, contracts, data access, and systems support.

3.3.3 Diversify the Clinical Trials Portfolio

- Expand and leverage commercial partnerships to generate trials across a broad base of specialties.
- Track trials activity as a service performance indicator, as well as a research metric.
- Centralise trials infrastructure and resources to create efficiencies and reduce barriers to commencing new trials across ISLHD sites and community settings.
- Use existing data to identify high volume patient cohorts suitable for trials.

3.4 Engage Consumers, Community and Priority Populations

3.4.1 Co-Design Research Priorities

- Partner with community organisations, PHNs, and local groups.
- Establish diverse consumer research panels.
- Include consumer investigators on relevant projects, including clinical trials.

3.4.2 Embed First Nations Knowledge and Leadership

- Ensure First Nations representatives are involved in all stages of research – from priority setting to publication.
- Adopt First Nations methodologies (yarning, storytelling, community-led evaluation).
- Ensure all research is done *with* communities, not *about* them.
- Secure tangible community benefits and ensure outputs are locally owned.

3.4.3 Improve Communication and Visibility

- Share findings and successes widely through community newsletters, clinics, social media, GPs, emergency departments, and media outlets.

3.5 Sustainable Funding and Investment

3.5.1 Increase External Funding Success

- Strengthen capacity to win NHMRC, MRFF, and philanthropic grants via clinical and academic partnerships.
- Support staff with grant writing, budgeting, and project management.
- Collaborate with business, industry, and philanthropic partners.

3.5.2 Create Internal Funding Mechanisms

- Establish internal seed grants and innovation funds.
- Provide protected time funding for clinician-researchers.
- Ensure research infrastructure required to deliver this plan is sustainably funded.

3.5.3 Commercialisation and Intellectual Property

- Open pathways for commercialisation, licensing, and spinouts in collaboration with the Office of Health & Medical Research.
- Reinvest a portion of revenue into research capacity building.

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Outcomes

4.1 Outcome measures

The success of the ISLHD Research Strategy will be assessed through a balanced set of outcomes that measure not only research activity, but also translation, workforce capability, partnerships, community benefit and impact on patient care. These measures ensure accountability, guide investment, and demonstrate the real-world value of research across the district.

4.1.1 Research Activity and Outputs

Purpose: Measure the volume, quality and visibility of research across ISLHD.

Key Indicators:

- Number of active research projects and clinical trials.
- Number of peer-reviewed publications.
- Research income secured (grants, philanthropy, commercial sponsorship).
- Number of collaborations with universities, PHNs and industry.
- Number of ethics and governance applications processed and approved.

4.1.2 Translation and Implementation Impact

Purpose: Assess whether research leads to real improvements in care and service delivery.

Key Indicators:

- Number of research findings translated into:
 - models of care
 - clinical pathways
 - guidelines
 - policy and service redesign
- Measured improvements from implemented research (e.g. reduced LoS, fewer HACs, improved access, better adherence to evidence-based care).
- Cost savings or efficiencies generated through research-driven change.

4.1.3 Workforce Capability and Culture

Purpose: Measure growth of a skilled, supported and research-active workforce.

Key Indicators:

- Number of clinician-researchers across professions.
- Staff participation in research education, mentoring and Communities of Practice.
- Number of HDR completions (Honours, Masters, PhD).
- Access to protected research time across nursing, midwifery, allied health and medicine disciplines.
- Retention of research-active staff and recruitment to joint appointments.
- Staff engagement and PMES results.
- Research Office performance against ethics and governance timeframes.
- Performance on the Quality Recognition Scheme (QRS) for clinical trials and National Clinical Trials Governance Framework (NCTGF).

4.1.4 Consumer, Community and First Nations Engagement

Purpose: Track meaningful, inclusive involvement of communities in research.

Key Indicators:

- Number and diversity of consumer representatives involved in project design and review.
- Number of projects involving First Nations leadership or Indigenous methodologies.
- Tangible benefits returned to communities (programs implemented, community-led outputs).

4.1.5 Health Outcomes and Equity

Purpose: Demonstrate improvement in population health, patient experience and equity.

Key Indicators:

- Patient-reported outcomes (PROMs) and experiences (PREMs).
- Improvements in chronic disease, mental health, and ageing outcomes related to research.
- Reductions in inequities for Aboriginal communities, regional/rural populations and priority groups.
- System-level improvements (safety indicators, readmissions, unplanned presentations).

ISLHD Research Strategy 2026-2029

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